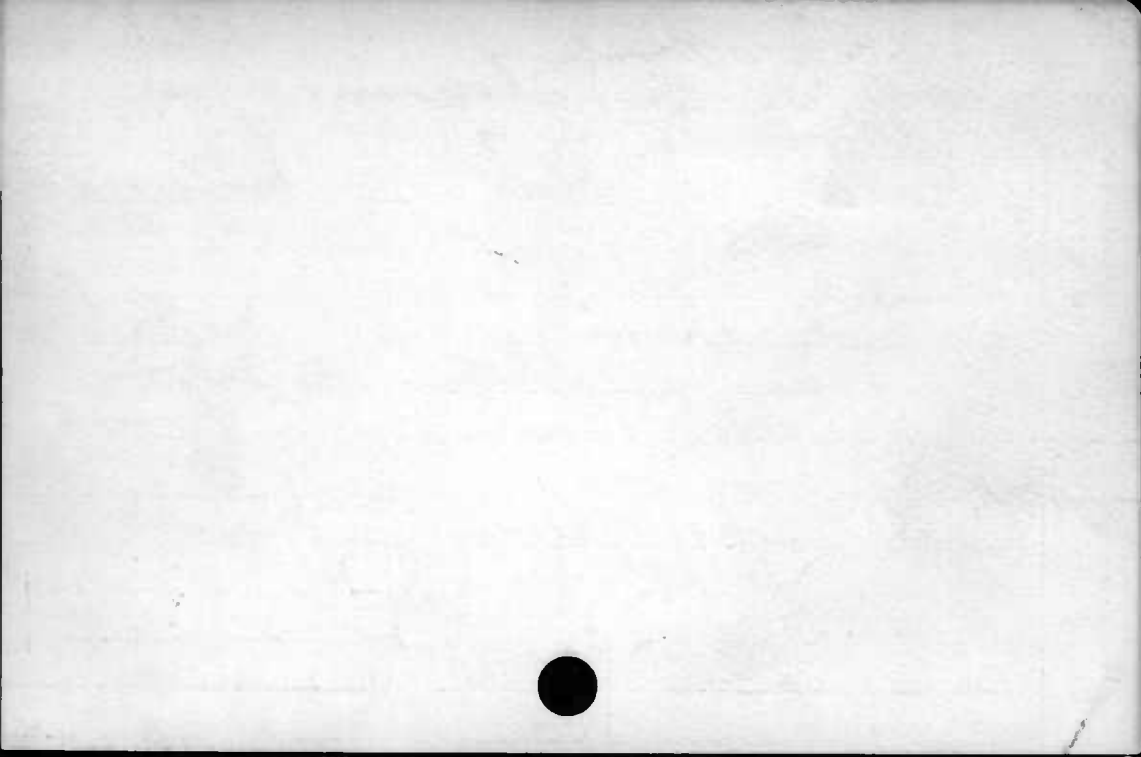


Name in Full		Lita Beamer				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Date of death 190		Month	Day	Age	Years	
	Sex		Color or Race		Birth-place		
	Married, Single or Widowed		Occupation				
	Name of Wife or Husband						
	Father's Name		Father's Birthplace				
	Mother's Maiden Name		Mother's Birthplace				
Name of person giving information		How related to deceased					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		How long				
	Immediate		How long				
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		
	Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

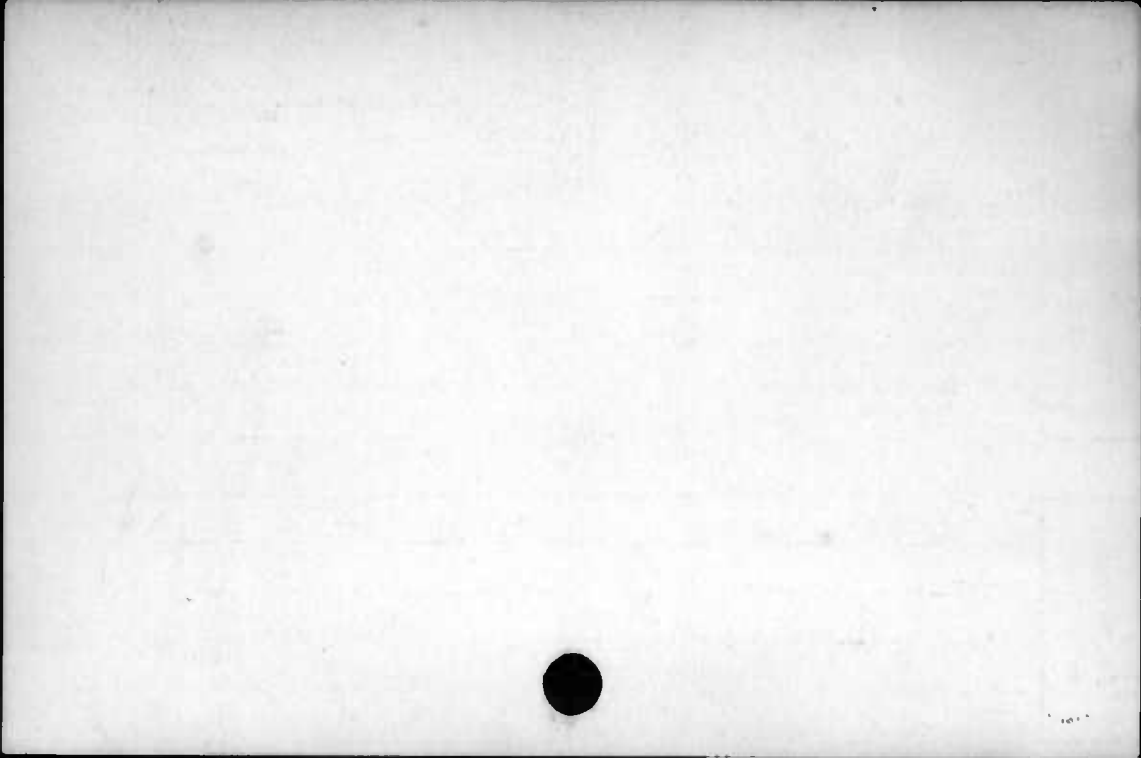
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Rida Blanch</i>		Town <i>Mt. Savage</i>		County <i>Allegheny</i>		MARYLAND	
Died at		Date of death		Age		Months	
1906		Feb 16		2			
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Mt. Savage Md</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Lavi Blanch</i>		Father's Birthplace <i>Mt. Savage Md</i>					
Mother's Maiden Name <i>Fanny Wilhelm</i>		Mother's Birthplace <i>Mt. Savage Md</i>					
Name of person giving information <i>Walter Blanch</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Broncho-pneumonia</i>	How long	<i>3 days</i>
Immediate	<i>Spasmodic</i>	How long	<i>few hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Edward Hughes</i>	
		Address <i>Mt. Savage Md</i>	
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin-right: 10px;">1</div> <div>Accident or Suicide?</div> </div>			



Name
in
Full

Abraham Boyd (Col.)

7/2/11
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Funeral ^{Town} accusing ^{County} MARYLAND
 Date of death 1906 ^{Month} 2 ^{Day} 6 ^{Years} 22 ^{Months} — ^{Days} —
 Sex Male Color or Race Black Birth-place —
 Occupation Laborer Where Residing if not at place of death —
 Married, ~~Single~~ — ^{Wife or} ~~—~~ ^{Husband} —
 Father's Name — Father's Birthplace —
 Mother's Maiden Name James Boyd Johnson Mother's Birthplace W. Va.
 Name of person giving information John Barrett How related to deceased —

CAUSES OF DEATH

Primary Injured. (172) How long —
 Immediate — How long —

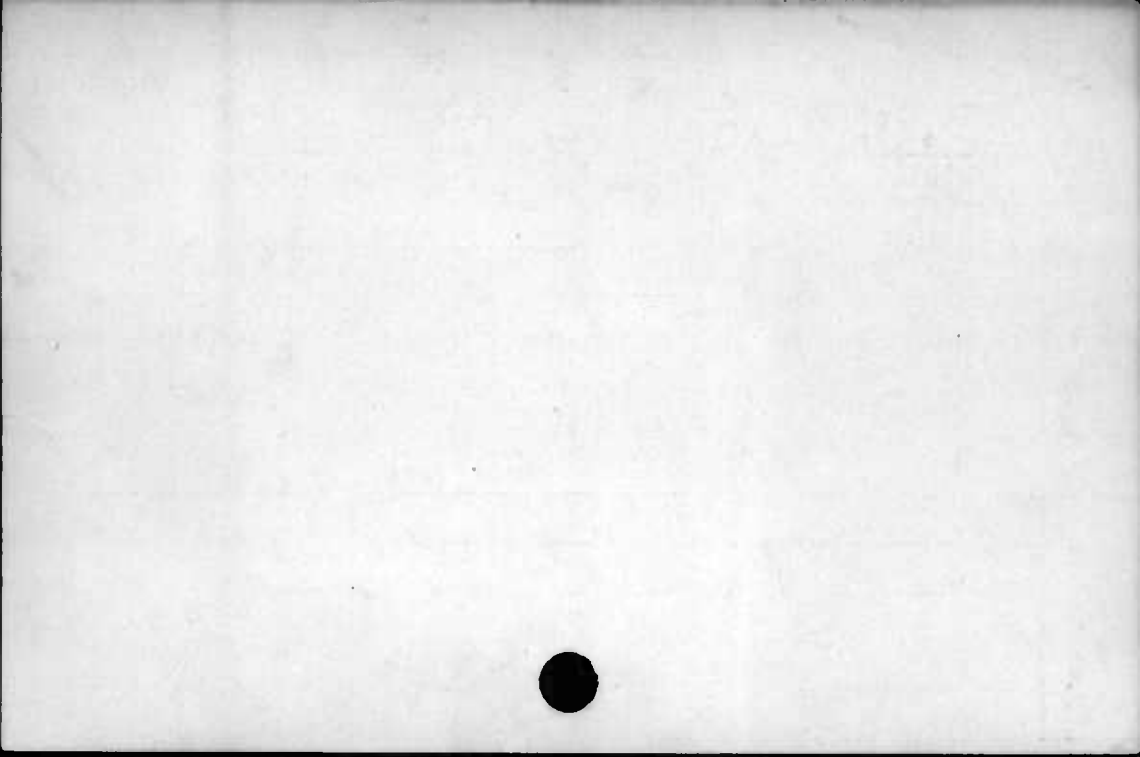
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. W. W. W. W.
act common

Accident or Suicide?



Name
in
Full

Goldie Adelaida Brashear

CERTIFICATE OF DEATH

MARYLAND

Died at

Cumberland

Town

County

Date

of death 1906

Month

Feb

Day

3

Years

1

Age

Months

4

Days

4

Sex

Female

Color or
Race

White

Birth-
place

City

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Henry Brashear

Father's
Birthplace

Md

Mother's
Maiden Name

Mrie

Mother's
Birthplace

W Va

Name of person giving
In formation

Mother

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Tuberculosis (Meningeal)

How long

7 months

Immediate

Meningitis

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

G. L. Broadbent
City

Accident or Suicide?

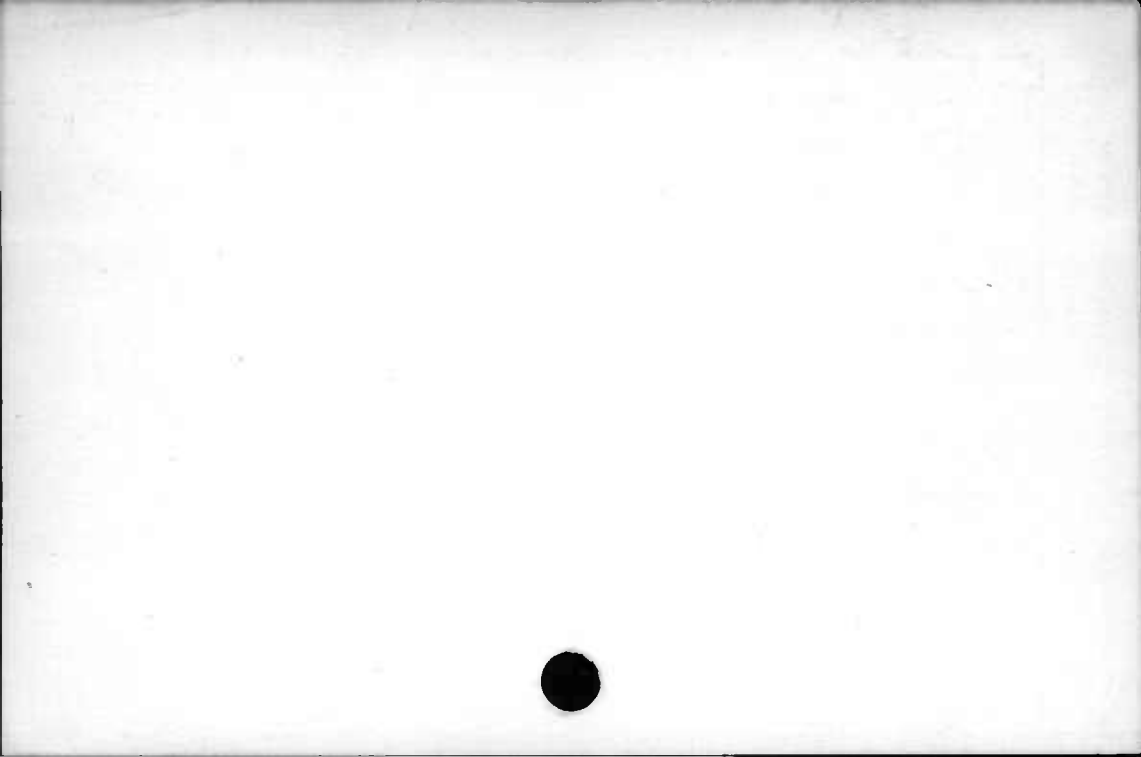
No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1



Name in Full		CERTIFICATE OF DEATH			
Elizabeth Byrnes		Town Lima		County Allegheny	
Died at		MARYLAND			
Date of death		1906	Month Feb.	Day 7	Age 39
Sex Female		Color or Race white		Birth-place Penn ^a	
Occupation Housewife		Where Residing If not at place of death Midland St ^d			
Married, Single or Widowed Married		Name of Wife or Husband John Byrnes			
Father's Name James T. Brady		Father's Birthplace Ireland			
Mother's Maiden Name Ellen Reynolds		Mother's Birthplace Ireland			
Name of person giving information My James T. Brady		How related to deceased mother			
CAUSES OF DEATH					
Primary Mitral regurgitation		How long 7 months - or longer			
Immediate Exhaustion		How long Some time			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician James O. P. Bellack M.D.			
		Address Lima Maryland			
Accident or Suicide? no					



Name

In
Full

CERTIFICATE OF DEATH

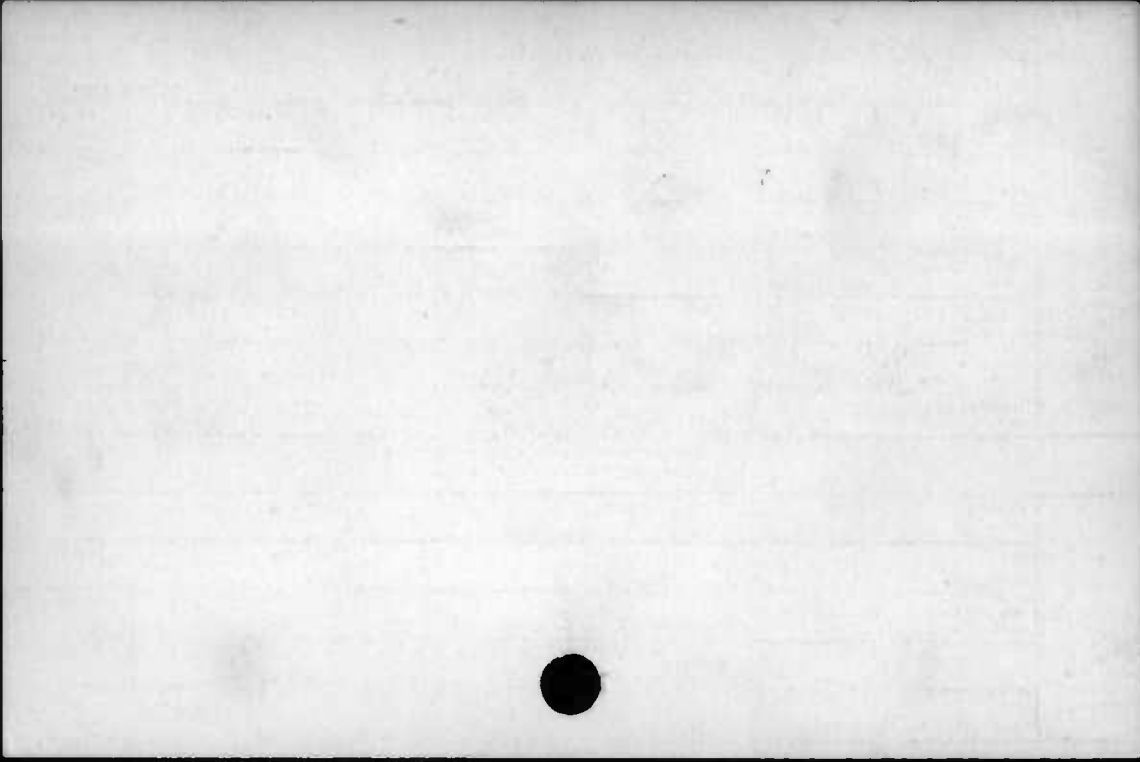
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Infant</i>		Town <i>Cumt'd</i>		County <i>Allegany</i>		MARYLAND	
Died at <i>Cumt'd</i>		Month <i>Feb</i>		Day <i>13</i>		Age <i>-</i>	
Date of death <i>1906</i>		Month <i>Feb</i>		Day <i>13</i>		Age <i>-</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Cumt'd</i>		Months <i>-</i>	
Occupation <i>-</i>		Where Residing if not at place of death <i>-</i>		Years <i>-</i>		Days <i>-</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>		Father's Birthplace <i>Pa</i>		Mother's Birthplace <i>Va</i>	
Father's Name <i>H. W. Clark</i>		Mother's Maiden Name <i>Genevieve Holstead</i>		Name of person giving information <i>H. W. Clark</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>S</i>	How long
Immediate <i>Hill Boro.</i>		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. A. Hawkins</i>	Address <i>Cumberland Md.</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

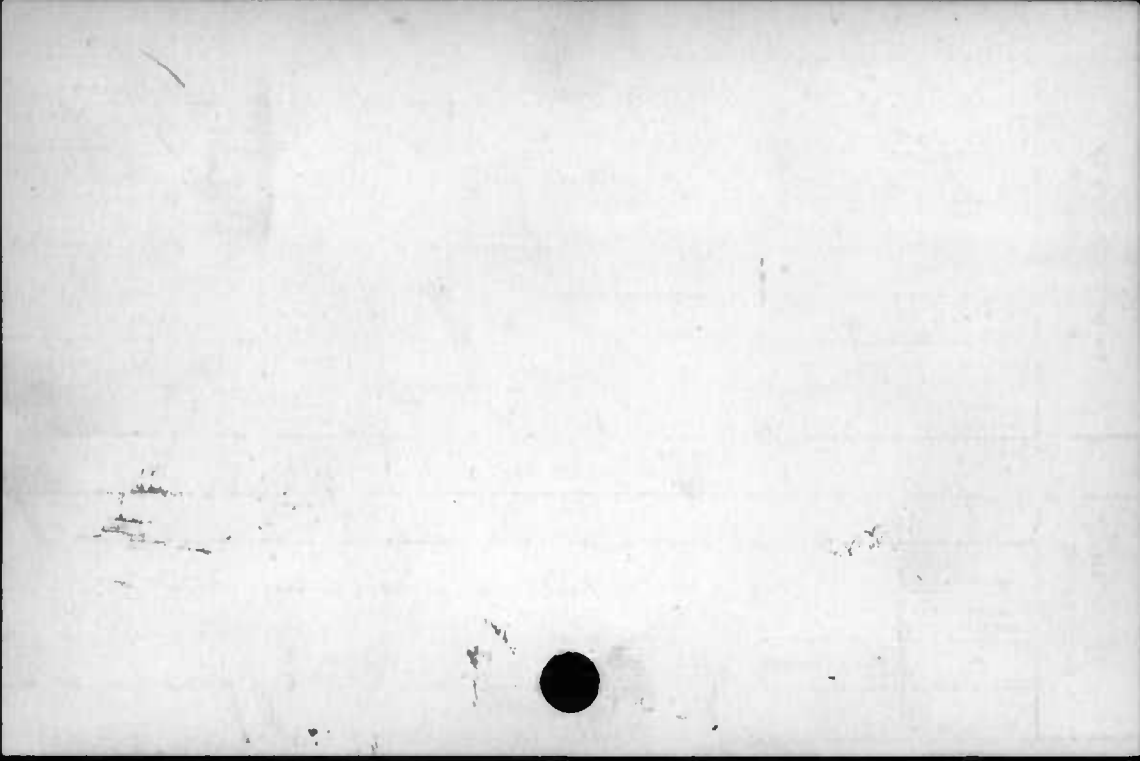
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Clarke</i>		Town <i>Starrons Park</i>		County <i>Alle</i>		MARYLAND	
Died at <i>Starrons Park</i>		Month <i>Feb</i>		Day <i>14</i>		Years <i>40</i>	
Date of death <i>1906</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>			
Occupation <i>housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John Clarke</i>					
Father's Name <i>Dead</i>		Father's Birthplace					
Mother's Maiden Name <i>Lena Herpich</i>		Mother's Birthplace					
Name of person giving information <i>John Clarke</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>(93)</i>
Immediate <i>Pneumonia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr W R Hodges</i>
	Address <i>Stearns Baltimore Md.</i>
Accident or Suicide?	



Name
in
Full

Clay

CERTIFICATE OF DEATH

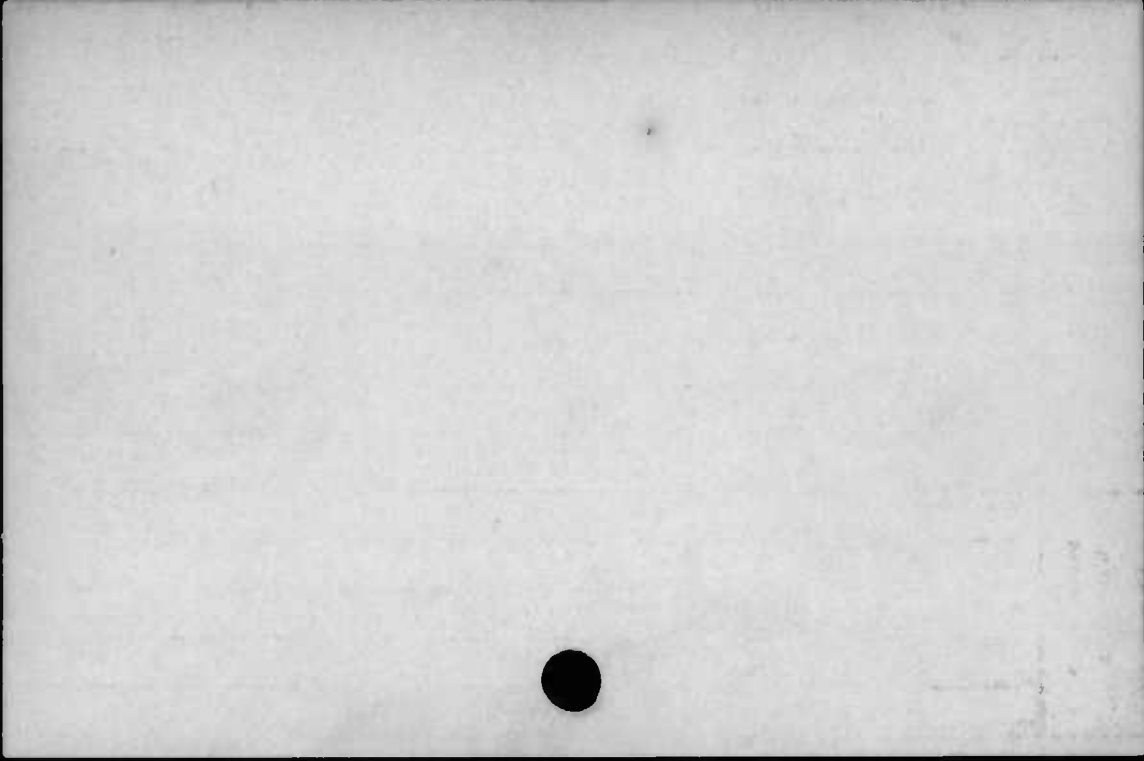
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtland Alley</i>		Town <i>Clay</i>		County		MARYLAND	
Date of death	190 <i>6</i>	Month	<i>Feb</i>	Day	<i>17</i>	Age	<i>1</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Cumtland</i>
Occupation	<i></i>			Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i></i>			Name of Wife or Husband <i></i>				
Father's Name <i>Walter Clay</i>			Father's Birthplace <i>mt</i>				
Mother's Maiden Name <i>Margaret Conway</i>			Mother's Birthplace <i>mt</i>				
Name of person giving information <i>W. Clay</i>			How related to deceased <i>father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>died in utero</i>	How long	<i>degeneration</i>
Immediate	<i>several days before birth</i>	How long	<i>7 P Locust</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. B. Clay</i>	
		Address <i>Cumtland</i>	
Accident or Suicide?			



Name
in
Full

no name

bde (M M)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Westport		County Allegheny		MARYLAND	
Date of death 1906	Month Feb	Day 2nd	Age no	Years no	Months no	Days 10	no
Sex Female		Color or Race White		Birth- place Westport		no	
Married, Single or Widowed				Occupation none			
Name of Wife or Husband							
Father's Name J. E. Coln				Father's Birthplace Howard Co Md			
Mother's Maiden Name Rose Bonnette				Mother's Birthplace Weston W Va			
Name of person giving information Mrs J. E. Coln				How related to deceased mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart failure	How long	✓ 10 hours
Immediate	Heart failure	How long	✓ 10 hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		W. A. Shroy	
Address		Pridmore W Va	
Accident or Suicide?			

0170/10

Name in Full		Virginia Annally -				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Virginia ^{Town} North		Valley ^{County} burg		MARYLAND	
	Date of death	1906	Month Feb.	Day 7	Age 31	Months 0	Days 21
	Sex	Female		Color or Race	white		Birth-place
	Occupation	x		Where Residing if not at place of death	Northburg Md.		
	Married, Single or Widowed	x x		Name of Wife or Husband	x x y		
	Father's Name	Patrick S. Annally -				Father's Birthplace	Md.
	Mother's Maiden Name	Annio Metzner				Mother's Birthplace	Md.
Name of person giving information	Pat. S. Annally				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Scarlet fever & Diphtheria				How long	x x
	Immediate	Congestion of Kidneys				How long	
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	Blum Annally - Md.
						Address	Escholt Avenue Md.
	Accident or Suicide?						

John

Catholic

Cum gratia —

Name

in

Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at Lonaconing Town Alligany County
 Date of death 1906 Feb 1 1 43 43 — —
 Sex Female Color or Race White Birth-place Scotland
 Occupation Housewife Where Residing if not at place of death —
 Married, Single or Widowed Married Name of Husband Robert Cook
 Father's Name Brynnan Fical Father's Birthplace Scotland
 Mother's Maiden Name Jessie Dymally Mother's Birthplace "
 Name of person giving information Robert Cook How related to deceased Widow

CAUSES OF DEATH

PHYSICIAN
CORONER

Primary Chronic Nephritis (64) How long About 2 years
 Immediate Cerebral hemorrhage How long Suddenly
 Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician W. D. Skilling M.D.
 Address Lonaconing
 Accident or Suicide? No



Name
in
Full

Bernard F. Cooney

CERTIFICATE OF DEATH

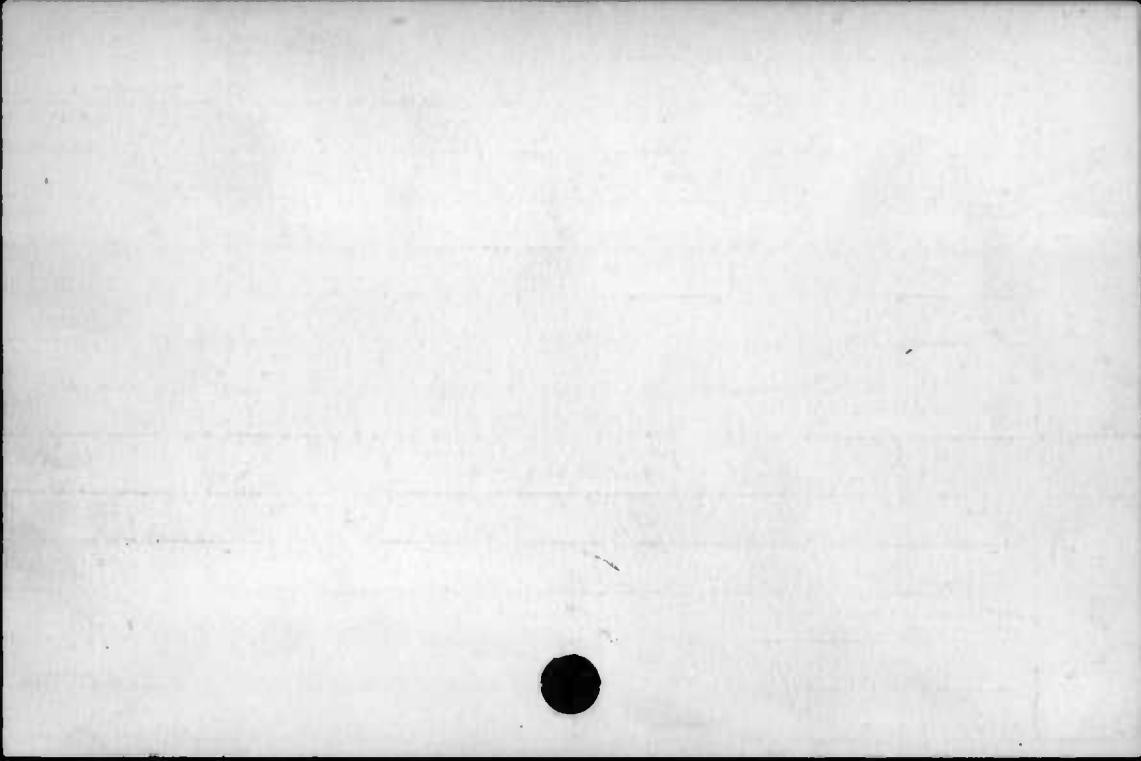
TO BE ANSWERED BY
NEAREST FRIEND

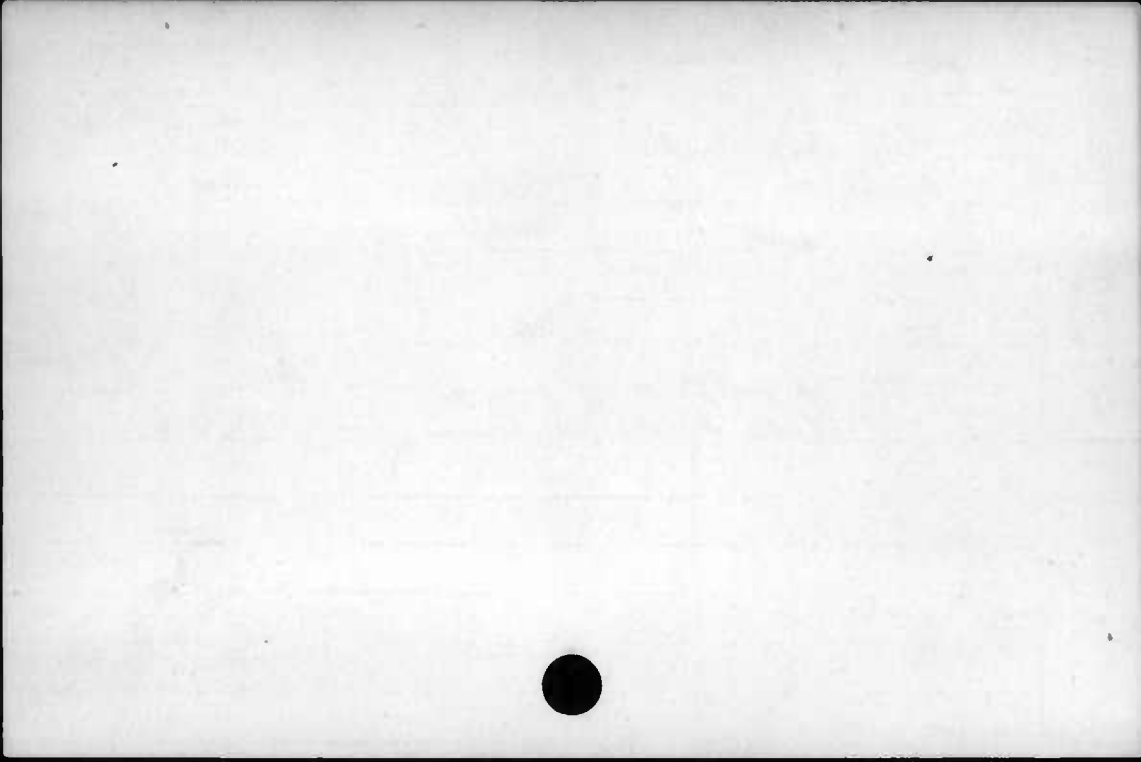
Died at <i>Cumt</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	<i>Feb.</i> ^{Month}	<i>12</i> ^{Day}	Age <i>34</i> ^{Years}	<i>—</i> ^{Months}
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Cumt</i>
Occupation	<i>Restaurant Keeper</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>—</i>			Father's Birthplace	
Mother's Maiden Name	<i>Mary Cooney</i>			Mother's Birthplace <i>Ireland</i>	
Name of person giving information	<i>Sarah Cooney</i>			How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Consumption</i>	How long	<i>3 mo.</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>Dr Geo L Carder</i>
		Address	<i>Cumberland</i>
Accident or Suicide?			<i>Ma</i>





Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Cumtland ^{Town} Allegheny ^{County}
 Date of death 1906 ^{Month} Feb ^{Day} 15 ^{Age} — ^{Years} — ^{Months} — ^{Days} 1
 Sex Male Color or Race White Birth-place Ind
 Occupation — Where Residing if not at place of death —
 Married, Single or Widowed — Name of Wife or Husband —
 Father's Name Robt P Cunningham Father's Birthplace W Va
 Mother's Maiden Name Mary M. Mother's Birthplace Ind
 Name of person giving information Robt P Cunningham How related to deceased Father

CAUSES OF DEATH

Primary Difficult Labor + Partial Placenta Praevia How long 1/2 hr
 Immediate Chanshen How long 1 hr
 (151)

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address


Robt P Broadbent
Cumtland
Ind

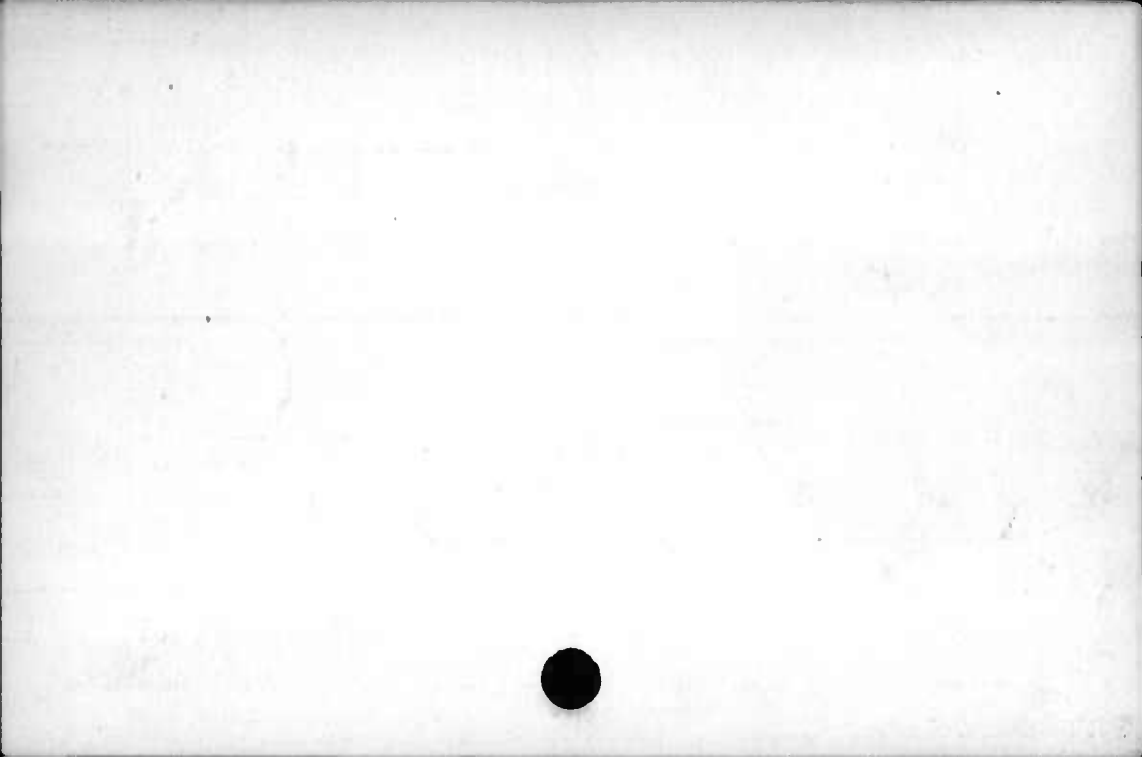
Accident or Suicide?

NoPHYSICIAN
OR CORONER

(1)



Name in Full		Mr. J. W. Davis				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at Town Cumberland,			County Allegany,			MARYLAND			
	Date of death 1906.		Month Feb.,	Day 10	Age 25		Months --		Days --	
	Sex Male		Color or Race White		Birth- place Unknown					
	Occupation brakeman				Where Residing if not at place of death Frederick, Md.					
	Married, Single or Widowed Single		Name of Wife or Husband							
	Father's Name						Father's Birthplace			
	Mother's Maiden Name						Mother's Birthplace			
	Name of person giving In formation Daily News						How related to deceased Nine			
<div style="text-align: center;">CAUSES OF DEATH</div>										
PHYSICIAN OR CORONER 1	Primary Railroad accident				How long few minutes					
	Immediate Life crushed out				How long					
	Are the name, age, sex, color, date and place correctly given above?				Yes					
	Signature of Physician									
	Address				Cumberland Md					
Accident or Suicide?										



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

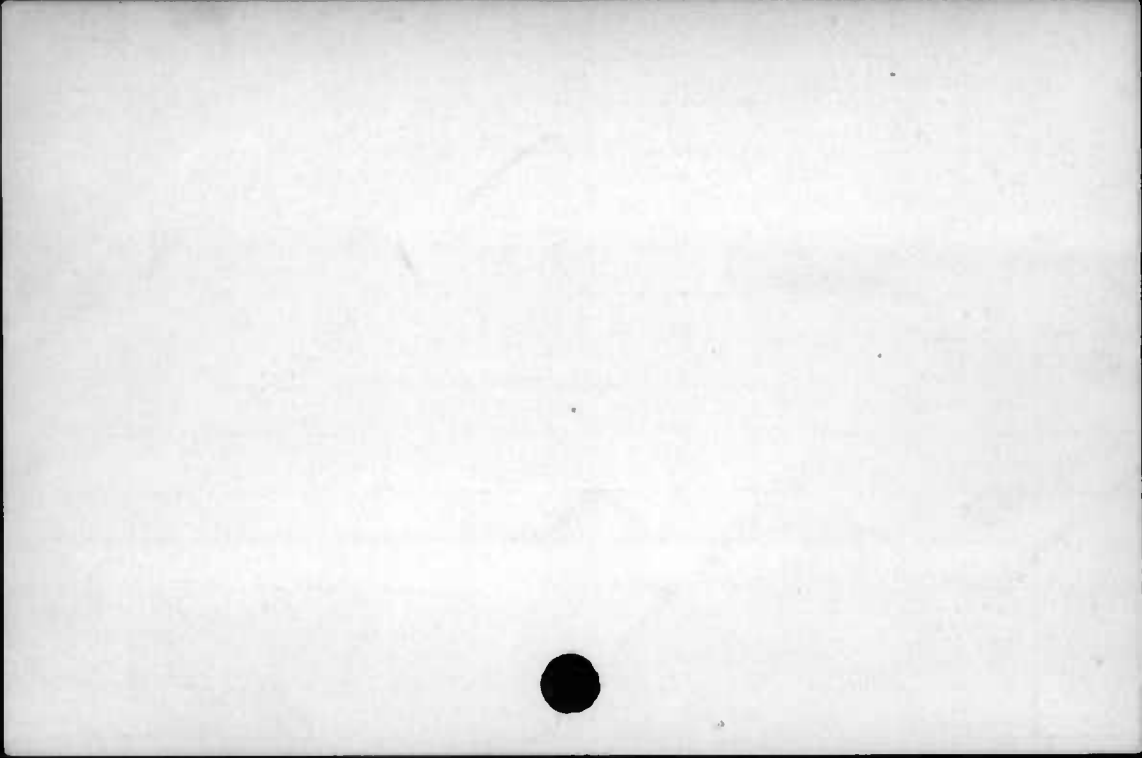
Fredrick C Dreyer

Died at *Cumberland* *Allegany* County
Town
Date of death *1906 Feb 5* Age *89* Months Days
Sex *Male* Color or Race *White* Birth-place *Prussia*
Occupation *Carpenter* Where Residing If not at place of death
Married, Single or Widowed *Widowed* Name of Wife or Husband
Father's Name Father's Birthplace
Mother's Maiden Name Mother's Birthplace
Name of person giving information *Jno Dreyer* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Apoplexy* *64* How long
Immediate *Old Age* How long
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Dr J J Wilson*
Address *Cumberland Md*
Accident or Suicide? ☒



Name
in
Full

CERTIFICATE OF DEATH

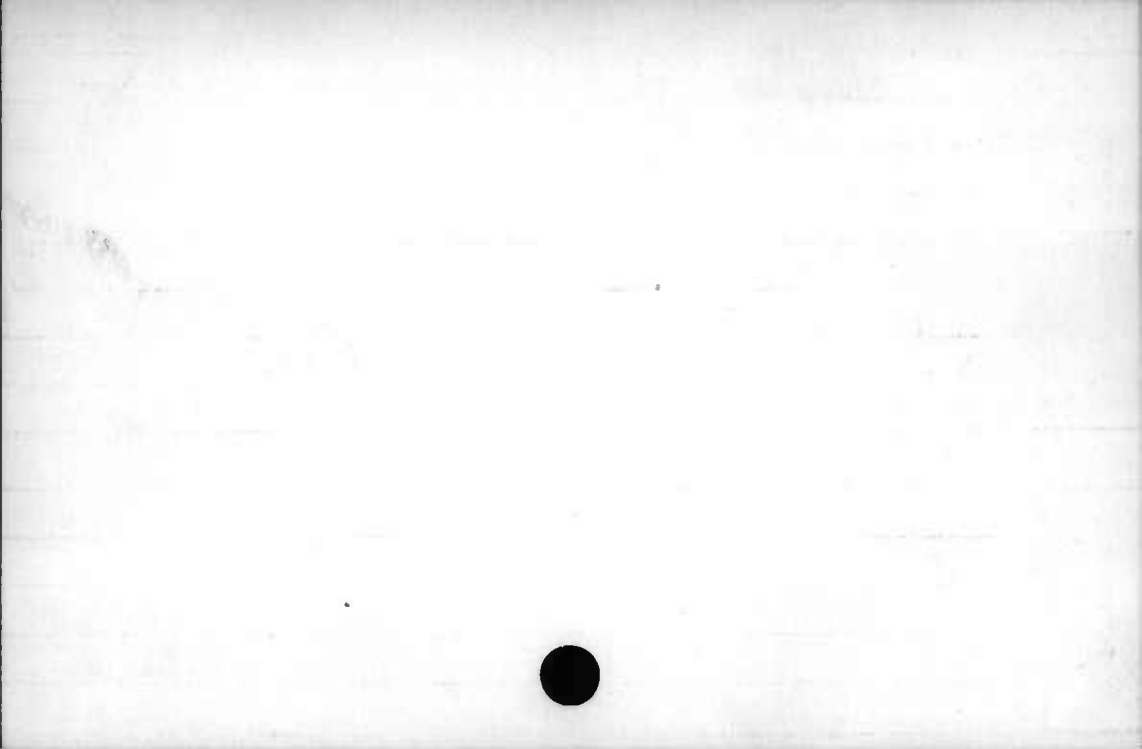
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Ellis Duckworth</i>		Town <i>Cumberland</i>		County <i>Allegany</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1906 Feb. 24</i>		<i>28</i>		<i>5</i>	
Sex <i>Male</i>		Color or Race <i>W</i>		Birth-place <i>Md</i>			
Occupation <i>Barber</i>		Where Residing if not at place of death <i>celg</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband —					
Father's Name <i>Lewis Duckworth</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Harrett Charlotte</i>		Mother's Birthplace <i>Md</i>					
Name of person giving Information <i>Annie Kontner</i>		How related to deceased <i>niece</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>		How long <i>2 yrs</i>	
Immediate <i>Exhaustion</i>		How long <i>24 hrs</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. Leo Hauke</i>	
		Address <i>Cumberland Md.</i>	
Accident or Suicide? —			



Name
in
Full

CERTIFICATE OF DEATH

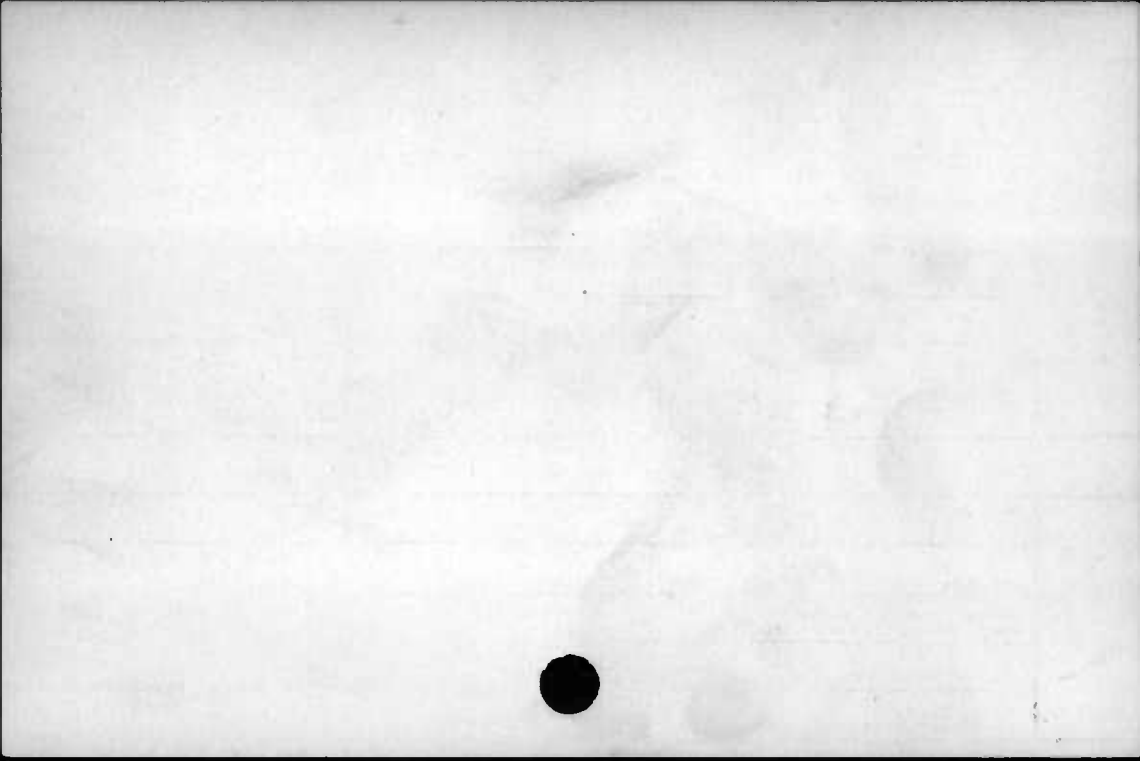
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Inf Chas Fisher</i>		Town <i>Cumberland</i>		County <i>Accokey</i>		MARYLAND	
Died at <i>Cumberland</i>		Month <i>Feb</i>		Day <i>18</i>		Age Years <i>-</i> Months <i>-</i> Days <i>-</i>	
Date of death <i>1906</i>		Month <i>Feb</i>		Day <i>18</i>		Age Years <i>-</i> Months <i>-</i> Days <i>-</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birthplace <i>Cumhd</i>			
Occupation <i>-</i>				Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>-</i>				Name of Wife or Husband <i>-</i>			
Father's Name <i>Charles E Fisher</i>				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Charles E. Fisher</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature Birth</i>	How long	<i>151</i>	How long	<i>2 hrs.</i>
Immediate	<i>Exhaustion</i>				
Are the name, age, sex, color, date and place correctly given above?		yes			
Signature of Physician		<i>Dr. H. S. Wailes</i>			
Address		<i>Cumberland</i>			
Accident or Suicide?		<i>Ma</i>			



Name
in
Full

Phidip Fouts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Feb.	5	57		2	
Sex	Male	Color or Race	White		Birth-place	Cund.	
Occupation	Butcher			Where Residing if not at place of death		—	
Married, Single or Widowed	Single		Name of Wife or Husband		—		
Father's Name	—				Father's Birthplace	Germany.	
Mother's Maiden Name	—				Mother's Birthplace	—	
Name of person giving information	Conrad Rudolph				How related to deceased	none	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cold	How long	8 days.
Immediate	Pneumonia	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. J. J. Wilson
		Address	Wilmington, Delaware
Accident or Suicide?			Ind.

11 Grant St.

Name
in
Full

CERTIFICATE OF DEATH

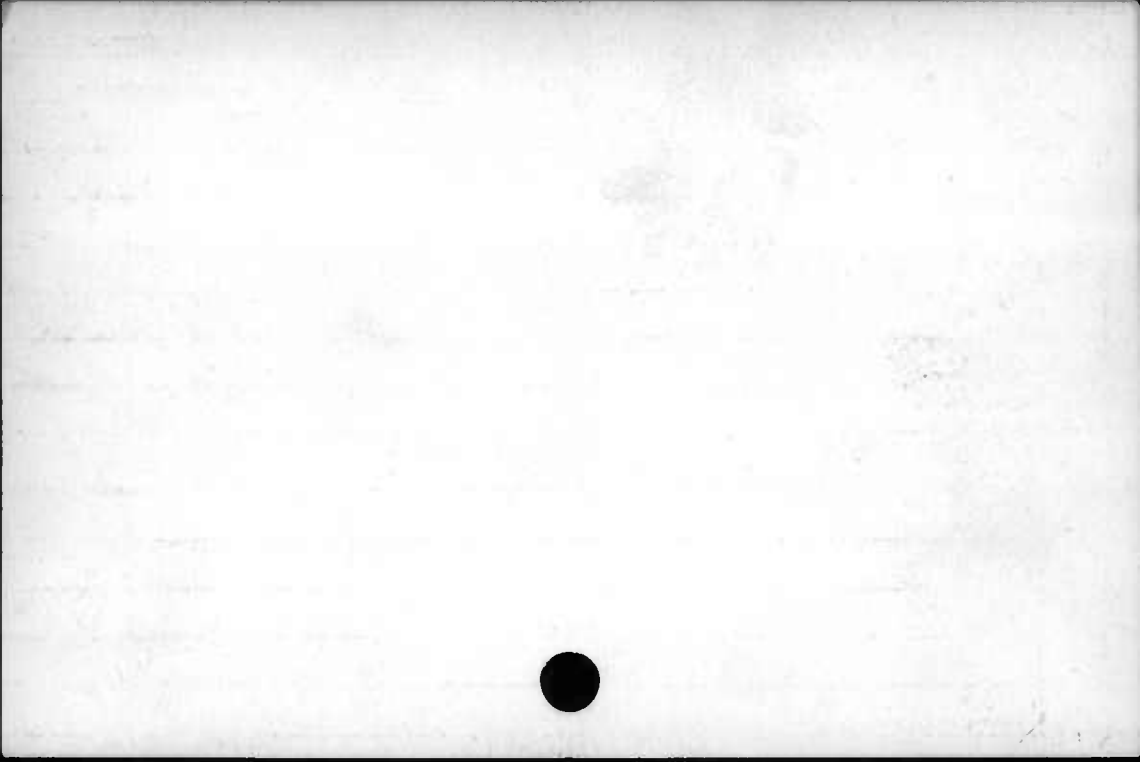
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> ^{Town}		<u>Allegheny</u> ^{County}		MARYLAND	
Date of death 1906	Month <u>Feb</u>	Day <u>2</u>	Age <u>—</u> Years	Months <u>—</u>	Days <u>3 hrs</u>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Cumberland Md</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Paul Kiewerger</u>			Father's Birthplace <u>Va</u>		
Mother's Maiden Name <u>Charlotte Fraley</u>			Mother's Birthplace <u>W Va</u>		
Name of person giving information <u>Mother Mrs Fraley</u>			How related to deceased <u>mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Prematurity</u>	How long <u>151</u>
Immediate <u>Exhaustion</u>	How long <u>3 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. L. Owens M.D.</u>
	Address <u>28 Va ave</u>
	<u>Cumberland Md</u>
Accident or Suicide?	



Name
in
Full

Elizabeth Pickens Gardner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

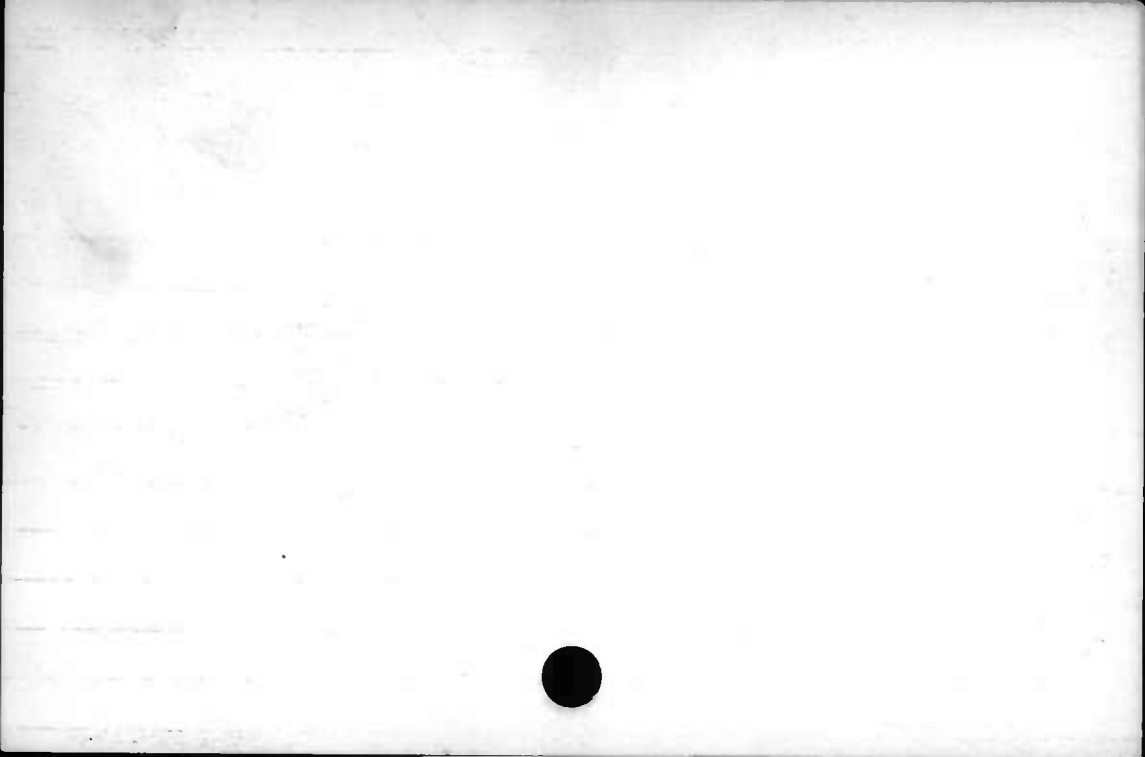
MARYLAND

Died at <u>Louisa County</u> ^{Town} <u>Allegany</u> ^{County}			
Date of death <u>1906</u> ^{Month} <u>Feb</u> ^{Day} <u>2</u> ^{Years} <u>1</u> ^{Months} <u>8</u> ^{Days} <u>8</u>			
Sex <u>Female</u> Color or Race <u>White</u> Birth-place <u>Louisa County</u>			
Occupation <u> </u>	Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u> </u>	Name of Wife or Husband <u> </u>		
Father's Name <u>John Gardner</u>	Father's Birthplace <u>Louisa County</u>		
Mother's Maiden Name <u>Nellie Whitefield</u>	Mother's Birthplace <u>Franklin Ind</u>		
Name of person giving information <u>John Gardner</u>	How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER
1

Primary <u>Whooping cough</u> <u>(8)</u>	How long <u>5 weeks</u>
Immediate <u>Broncho Pneumonia</u>	How long <u>12 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. C. Coldworth per</u>
	Address <u>H. M. Hodgson</u> <u>Louisa County, Ind.</u>
Accident or Suicide? <u>No</u>	



Name in Full		CERTIFICATE OF DEATH			
Elsie Gardner		Town Lonaconing		County Allegany	
Died at		MARYLAND			
Date of death		1906	Month Sept	Day 4	Age 1
Sex Female		Color or Race White		Months 2	Days 10
Occupation		Birthplace Lonaconing		Where Residing If not at place of death	
Married, Single or Widowed Single		Name of Wife or Husband			
Father's Name John Gardner		Father's Birthplace Lonaconing			
Mother's Maiden Name Nellie Whitefield		Mother's Birthplace Franklin			
Name of person giving information John Gardner		How related to deceased Father			
CAUSES OF DEATH					
Primary Whooping cough		How long 5 weeks			
Immediate Bronchopneumonia		How long 1 week			
Are the name, age, sex, color, date and place correctly given above? (Yes)		Signature of Physician Henry E. Hodgson M.D.			
		Address Lonaconing, Ind.			
Accident or Suicide? No					



Name
In
Full

Mrs Minnie Ginneman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Cumberland ^{County} Allegany

Date of death 1906 ^{Month} Feb ^{Day} 14 ^{Age} 74 ^{Years} 74 ^{Months} 2 ^{Days} —

Sex Female ^{Color or Race} White ^{Birth-place} Germany

Occupation Housework ^{Where Residing if not at place of death} —

Married, Single or Widowed Widow ^{Name of Husband} Frederick Ginneman

Father's Name — ^{Father's Birthplace} Brown Germany

Mother's Maiden Name — ^{Mother's Birthplace} —

Name of person giving information Mrs Ginneman ^{How related to deceased} Daughter-in-law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Broncho-Pneumonia ^{How long} One week

Immediate Heart failure ^{How long} Immediate

Are the name, age, sex, color, date and place correctly given above? Yes ^{Signature of Physician} E. J. Duxent

^{Address} Cumberland Md

Accident or Suicide? —

Puller

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Carl H. Hardy -* 2/1/11
 Died at *Chumpe* Town *Allegany* County **MARYLAND**
 Date of death *1906* Month *2* Day *19* Age *10* Years Months Days
 Sex *Male* Color or Race *White* Birthplace
 Occupation Where Residing if not at place of death
 Married, Single or Widowed Name of Wife or Husband
 Father's Name *Samuel H. Hardy -* Father's Birthplace *Green Spg*
 Mother's Maiden Name *Ely Hamilton* Mother's Birthplace
 Name of person giving information How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Drowned* (172) How long
 Immediate How long
 Are the name, age, sex, color, date and place correctly given above? Signature of Physician *W. W. ...*
 Address *Acting Coroner*
 Accident or Suicide?

Mary E.

30 -

10 -

5 -

5 -

64

~~W~~

~~2~~

~~5~~

~~3~~

~~6~~

~~200~~

~~1000~~

Name
in
Full

Laura Margaret Hart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Emdland</u> ^{Town}		<u>Allegheny</u> ^{County}		MARYLAND	
Date of death 190 <u>6</u>	<u>Feb.</u> ^{Month}	<u>5</u> ^{Day}	Age <u>3 1/2</u> ^{Years} <u>mos</u>	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Emdland</u>		
Married, Single <u>—</u> or Widowed			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Wm Hart</u>			Father's Birthplace <u>Pa</u>		
Mother's Maiden Name <u>Josephine Shaper</u>			Mother's Birthplace <u>Pa</u>		
Name of person giving information <u>—</u>			How related to deceased <u>—</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

1

Primary <u>Premature birth</u>	How long <u>(151)</u>
Immediate <u>"</u>	How long <u>"</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Alb. Smith</u>
	Address <u>Emdland</u>
Accident or Suicide? <u>—</u>	<u>W. S.</u>

Is m

Allegheny County -

Name
in
Full

Mercer Haynes

CERTIFICATE OF DEATH

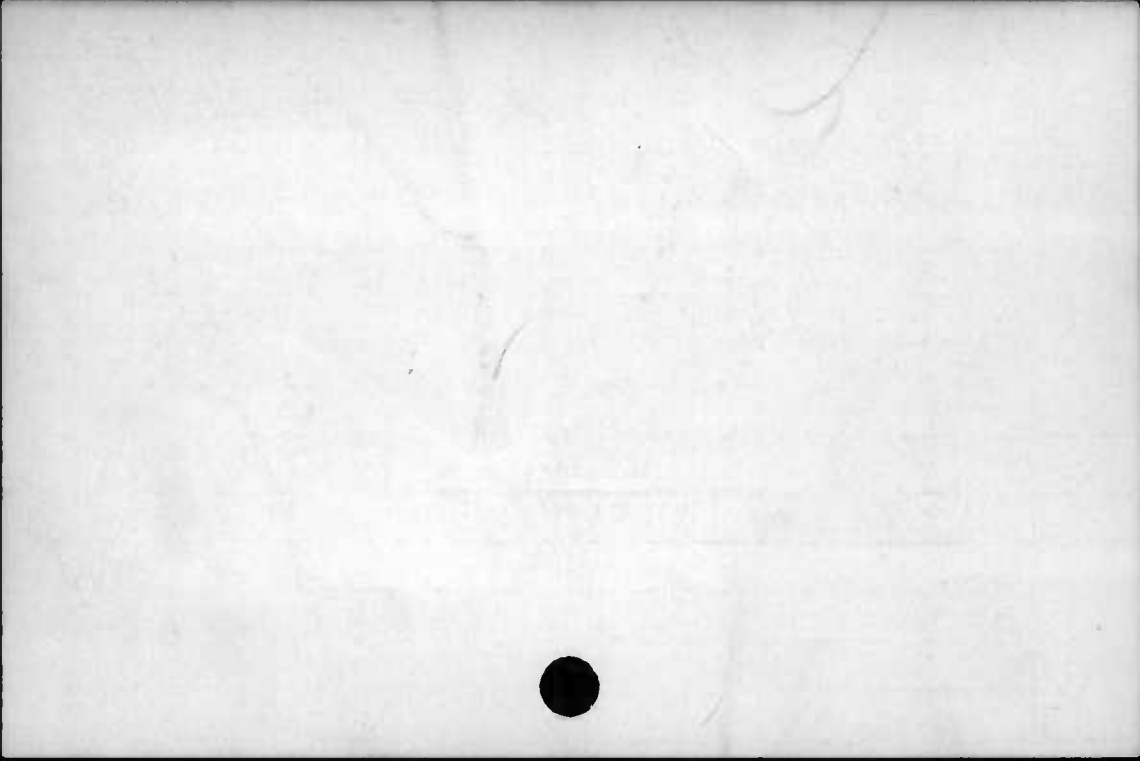
TO BE ANSWERED BY
NEAREST FRIEND

Died at Amberland Alleghany County
Date of death 1906 July 10 1 2
Sex Male Color or Race Colored Birth-place Amberland
Occupation _____ Where Residing if not at place of death _____
Married, Single or Widowed Single Name of Wife or Husband _____
Father's Name Wm M Haynes Father's Birthplace Tennessee
Mother's Maiden Name Mrs. Ella Mother's Birthplace Tennessee
Name of person giving information Wm M Haynes How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Gastro-Enteritis How long _____
Immediate Pneumonia Fever How long _____
Are the name, age, sex, color, date and place correctly given above? yes
Signature of Physician Dr. Ed. Harris
Address Amberland Mo.
Accident or Suicide? _____



Name in Full <i>Esty May Henry</i>		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>S Cumberland</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND
	Date of death <i>1906</i>	Month <i>Feb</i>	Day <i>24</i>	Age <i>4</i> Years	Months <i>3</i> Days <i>26</i>
	Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>S Cumberland</i>
	Occupation _____		Where Residing if not at place of death _____		
	Married, Single or Widowed _____		Name of Wife or Husband _____		
	Father's Name <i>Will Henry</i>			Father's Birthplace <i>W Va</i>	
	Mother's Maiden Name <i>Daisy White</i>			Mother's Birthplace <i>Ind.</i>	
Name of person giving information <i>Wm Henry</i>			How related to deceased <i>father</i>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER <i>(1)</i>	Primary <i>Membranous croup</i>			How long <i>2 days</i>	
	Immediate <i>Respiratory failure</i>			How long <i>Immediate</i>	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <i>A. L. Owens</i>	
				Address <i>95 W. Ave</i>	
	Accident or Suicide?			<i>Cumberland Md</i>	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER
1

William H. H. H.

2/1/14

CERTIFICATE OF DEATH

MARYLAND

Died at Cumda Town

County

Date

of death 1906

Month

2

Day

2

Age

22

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Occupation

Where Residing if not
at place of death~~Married~~, Single
or Widowed

Single

~~Name of Wife or
Husband~~Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation

Mother Thutens

How related
to deceased

CAUSES OF DEATH

Primary

Dental

166

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. W. Newland

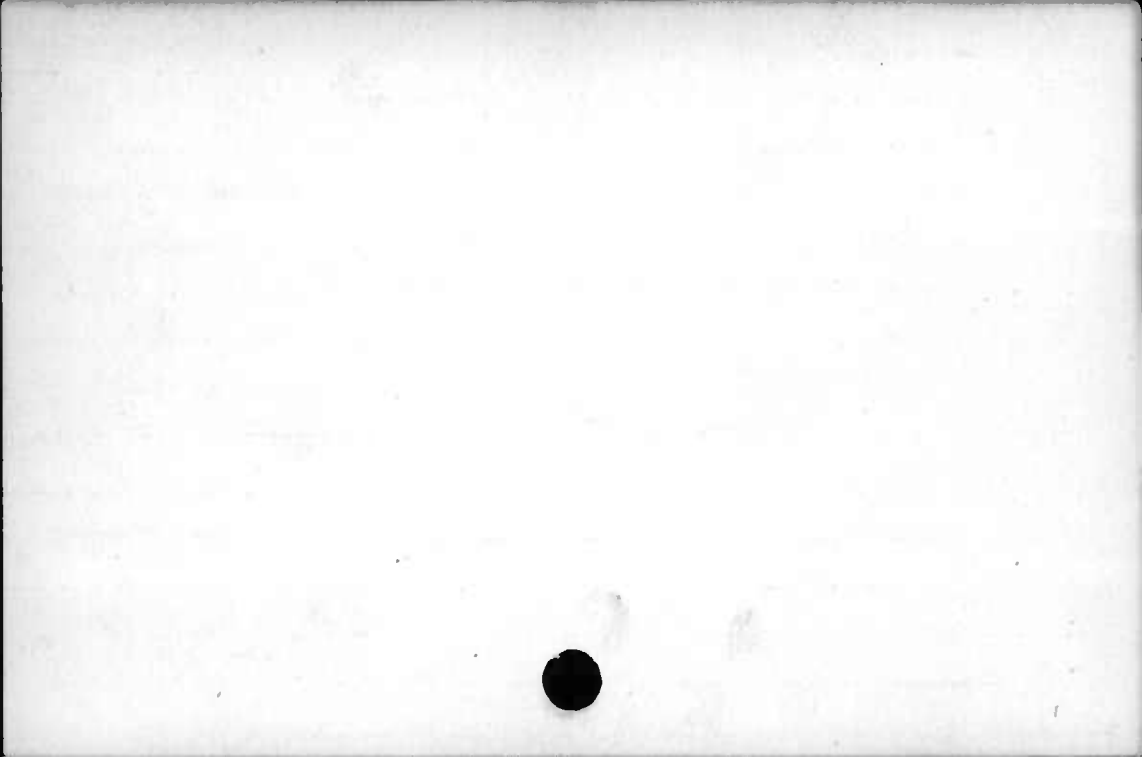
Acting Coroner

Accident or Suicide?

accident



Name in Full Estelle Hinkle		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Town Allegany		County Allegany
	Died at Cumberland,		MARYLAND
	Date of death 1902	Month 2	Day 10
	Age 2		Months 0
	Sex Female		Color or Race White
	Occupation School girl		Birth-place Allegany Co.
	Married, Single or Widowed Single		Where Residing if not at place of death
	Father's Name Morgan Hinkle		Father's Birthplace Allegany Co.
Mother's Maiden Name Hannah Hinkle		Mother's Birthplace Allegany Co.	
Name of person giving information Mother		How related to deceased	
CAUSES OF DEATH			
PHYSICIAN OR CORONER 1	Primary Tubercular Meningitis		How long Three weeks
	Immediate Exhaustion		How long
	Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. M. Spear
			Address Cumberland Md
	Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Hall

Town

County

Died at Emma

Accrington

MARYLAND

Date

of death 1906

Month

July

Day

18

Years

Age 74

Months

-

Days

-

Sex

Male

Color or
Race

Colored

Birth-
place

Garcu Co Ma

Occupation

Porter retires

Where Residing if not
at place of death

-

Married, Single
or Widowed

married

Name of Wife or
Husband

Anna.

Father's
Name

-

Father's
BirthplaceMother's
Maiden Name

-

Mother's
BirthplaceName of person giving
In formation

Jm Hall

(39)

How related
to deceased

Son.

CAUSES OF DEATH

Primary

cancer of mouth.

How long

2 years.

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

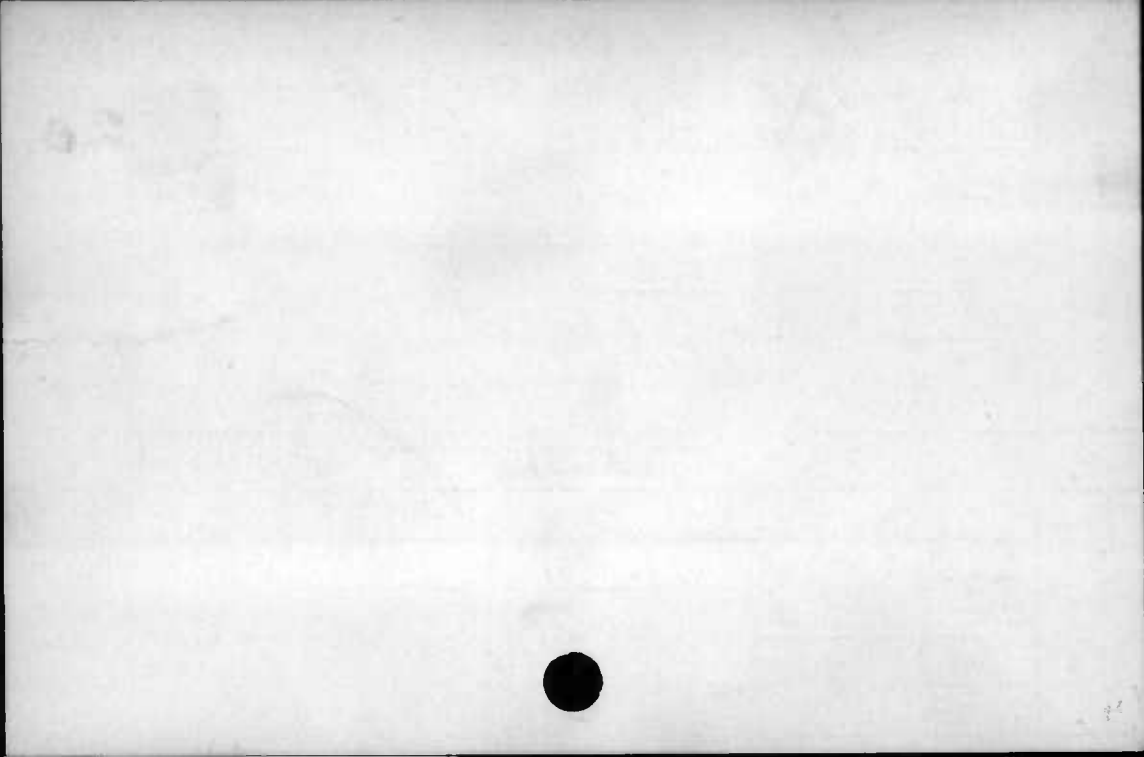
Yes.

Signature of
Physician

Address

Dr. J. Sparks. M.D.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Wm H. Hallen</i>		County <i>Allegany</i>		MARYLAND	
Died at <i>Cumberland</i> Town		Age <i>22</i> Years		Months <i>20</i> Days	
Date of death <i>1906</i> Month <i>—</i> Day <i>22</i>		Sex <i>Female</i>		Color or Race <i>White</i>	
Occupation		Birthplace <i>Cumberland</i>		Where Residing if not at place of death	
Married, Single or Widowed <i>Single</i>		Wife or <i>—</i>			
Father's Name <i>Wm H. Hallen</i>		Father's Birthplace <i>Orleans</i>			
Mother's Maiden Name <i>Kingora Bruckner</i>		Mother's Birthplace <i>N.Y.</i>			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Malnutrition</i>	How long <i>3 Wks</i>
Immediate <i>Exhaustion</i>	How long <i>3 Wks.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>F. Bartoll</i>
	Address <i>Cumberland Md.</i>
Accident or Suicide?	

Mr. B. A. A. A. A.
1. A. A. A.

Name
in
Full

Agnes Izat

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gilmora</i> Town		<i>Alleghany</i> County		MARYLAND	
Date of death	1906	Month	Feb	Day	8th
Age	Years		Months	Days	
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation			Birth-place	<i>Gilmora</i>	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>Robert Izat</i>		
Mother's Maiden Name			<i>Janie Reel</i>		
Name of person giving information			<i>Mrs. Robt. Izat</i>		
Father's Birthplace			<i>Scotland</i>		
Mother's Birthplace			<i>Scotland</i>		
How related to deceased			<i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Whooping cough</i>	How long	<i>3 weeks</i>
Immediate	<i>Broncho pneumonia</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>Henry B. Hodgson</i>	
Address		<i>Donacoming, Ind.</i>	
Accident or Suicide?			



Name
in
Full

Mrs Ollie Kaifer-

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Ocean</u> Town		<u>Allegany</u> County			
Date of death 190 <u>4</u>	<u>Feb</u> Month	<u>24</u> Day	Age <u>50</u> Years	<u></u> Months	<u></u> Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Ocean</u>		
Married, Single or Widowed <u>Married</u>			Occupation <u>Housewife</u>		
Name of Wife or Husband <u>August Kaifer</u>					
Father's Name <u>Moses Poland</u>			Father's Birthplace <u></u>		
Mother's Maiden Name <u></u>			Mother's Birthplace <u></u>		
Name of person giving information <u></u>			How related to deceased <u></u>		

(19)

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Valvular disease heart</u>	How long <u>Several yrs</u>
Immediate <u>" " increased</u>	How long <u>Several months</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Alex Smith M.D.</u>
	Address <u>Midland Md.</u>
Accident or Suicide? <u></u>	

(1)

to Mr

Loar Grave Yard

Clondyke

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Ferguson, Keegle
Cumberland County

MARYLAND

Date

of death 190

6 Feb

Month

24

Day

Age 70

Years

Months

Days

Sex

male

Color or
Race

white

Birth-
placeMarried, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
in information

J. E. Amos Stewart, Attorney at Law

How related
to deceased

CAUSES OF DEATH

Primary

old age

154

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

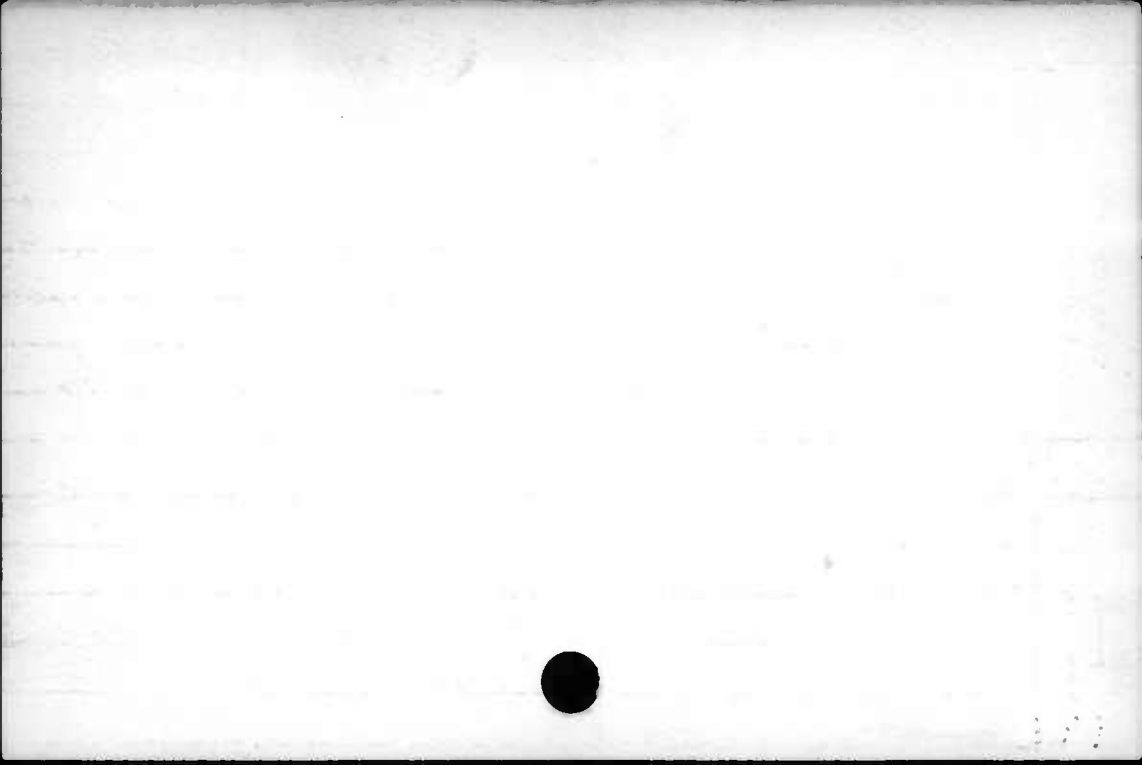
Address

Dr. J. T. Swigg
Cumberland
MD

Accident or Suicide

PHYSICIAN
OR CORONER

1



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

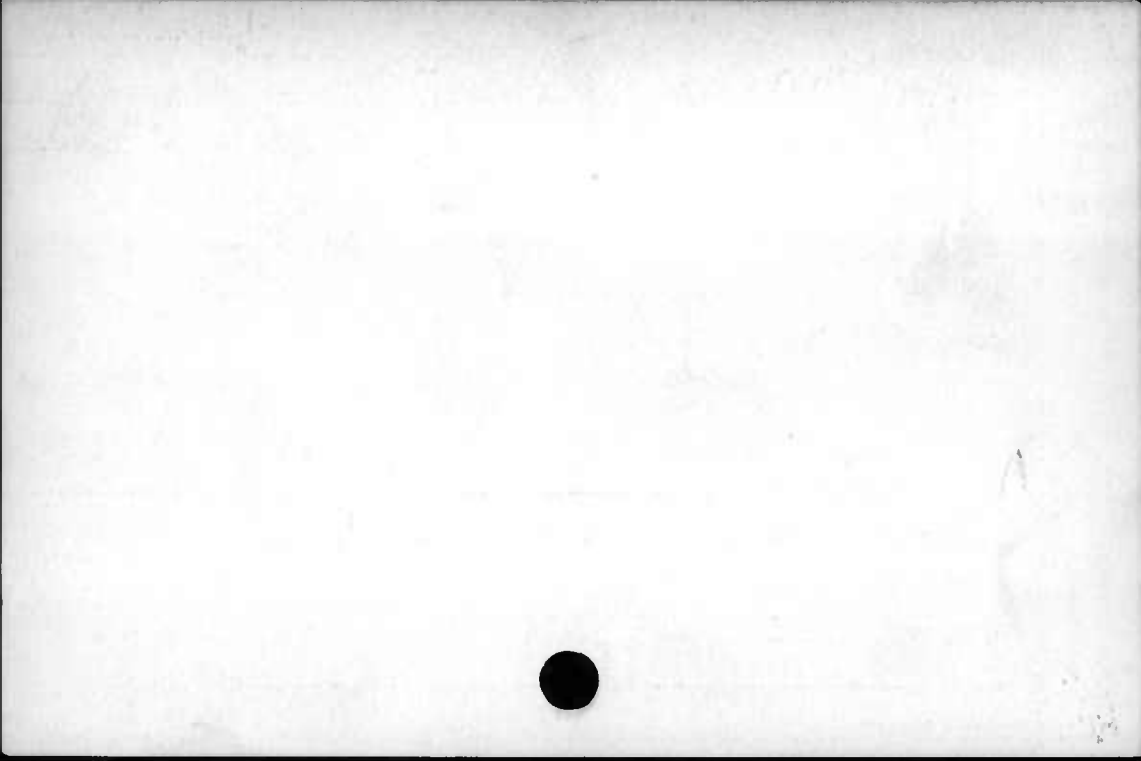
MARYLAND

Name <i>John Lemmert</i>		Town <i>Mt Savage</i>		County <i>Allegany</i>			
Died at							
Date of death 190	6	Month <i>Feb</i>	Day <i>28</i>	Age <i>10</i>	Years <i>4</i>	Months <i>20</i>	Days <i>20</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Mt Savage</i>				
Married, Single or Widowed <i>—</i>				Occupation <i>Schoolboy</i>			
Name of Wife or Husband							
Father's Name <i>Christian Lemmert</i>				Father's Birthplace <i>Mt Savage</i>			
Mother's Maiden Name <i>Fannie Porter</i>				Mother's Birthplace <i>Mt Savage</i>			
Name of person giving In formation				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebro Spinal Meningitis</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion, Vomiting</i>	How long <i>3 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. May S. Murray</i>
	Address <i>Mt Savage</i>
Accident or Suicide? <i>Und</i>	



Name
in
Full

CERTIFICATE OF DEATH

Lepley

Town

County

MARYLAND

Died at *Cumberland*

Date

of death *1906*

Month

Feb

Day

26

Age

Years

Months

Days

3

Sex

Male

Color or
Race

White

Birth-
place

MD

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Frank E. Lepley

Father's
Birthplace

Pa

Mother's
Maiden Name

Anna Shunt

Mother's
Birthplace

MD

Name of person giving
In formation

Father

How related
to deceased

Father

(151)

CAUSES OF DEATH

Primary

Very Weak Debilitated, Premature Child

How long

3 da

Immediate

Exhaustion

How long

1 da

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

*G. L. Broadbent MD
Cumberland
MD*

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

(1)



Name
in
Full

CERTIFICATE OF DEATH

William McFarlane

Town *Grand Mountain* County *Allegheny*

MARYLAND

Died at

In country

Date

of death *1906*

Month

Feb

Day

12

Age

1

Months

10

Days

14

Sex

*Male*Color or
Race*White*Birth-
place*Lonaconing*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Wm. R. McFarlane*Father's
Birthplace*Lonaconing*Mother's
Maiden Name*Lara McKenzies*Mother's
Birthplace*Lonaconing*Name of person giving
In formation*Mrs. Wm. R. McFarlane*How related
to deceased*Mother*

CAUSES OF DEATH

Primary

Whooping cough

How long

3 weeks

Immediate

Bronchial pneumonia

How long

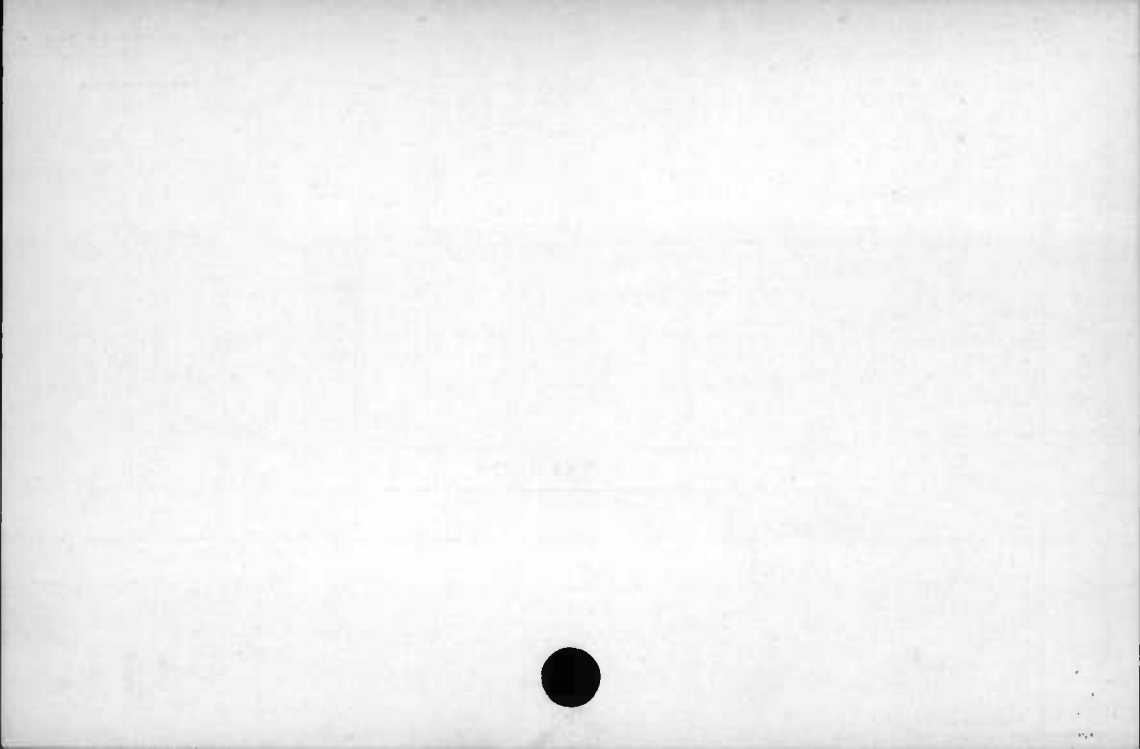
*1 week*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Henry S. Hodgson*

Address

Lonaconing Md

Accident or Suicide?

*No*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

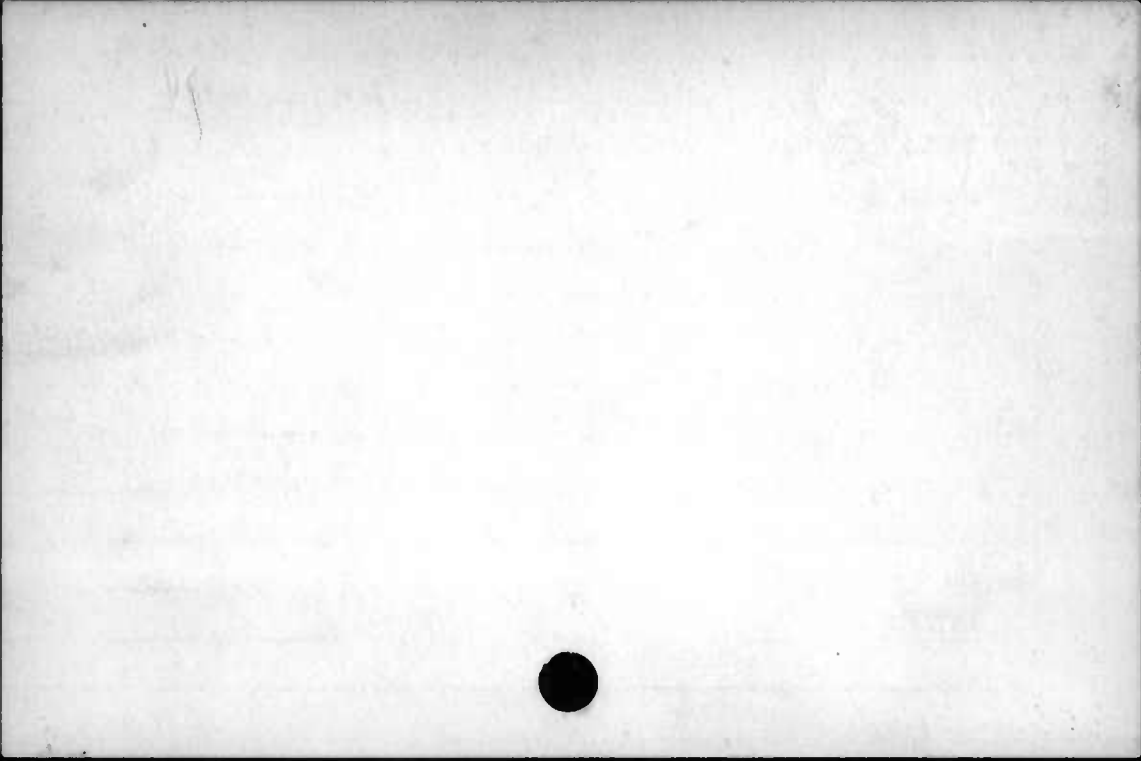
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>James Earl McLeornac</i>		Town <i>Corriganville</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Corriganville</i>		Date of death 190 <i>6</i>		Month <i>July</i>		Day <i>12</i>	
Age <i>4</i>		Years <i>26</i>		Months <i>4</i>		Days <i>26</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Corriganville</i>			
Married, Single or Widowed _____				Occupation _____			
Name of Wife or Husband _____							
Father's Name <i>Jim McLeornac</i>				Father's Birthplace <i>Virginia</i>			
Mother's Maiden Name <i>Mary + Engle</i>				Mother's Birthplace <i>Virginia</i>			
Name of person giving information <i>Jim McLeornac</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>congenital Hydrocephalus</i>		How long <i>From birth</i>	
Immediate <i>Same</i>		How long <i>Same</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. Earl Smith</i>	
		Address <i>Ellerslie</i>	
Accident or Suicide? <i>no</i>			



Name
in
Full

Margaret M. Neal

CERTIFICATE OF DEATH

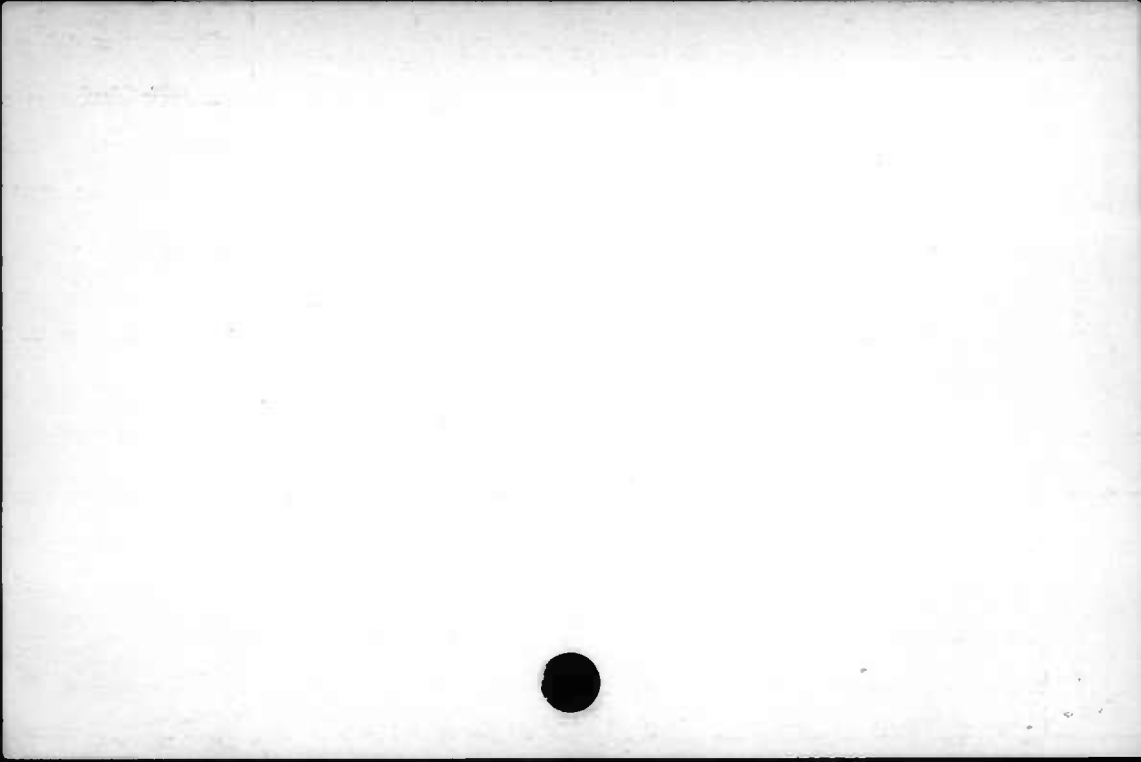
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sord</u> Tcwn		County <u>Allegheny</u>		MARYLAND	
Date of death	1906	Month <u>Feb</u>	Day <u>3-</u>	Age <u>2</u>	Years <u>6</u> Months <u>10</u> Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Sord - Md</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>James M. Neal</u>		Father's Birthplace <u>Westonport</u>			
Mother's Maiden Name <u>Elizabeth Lloyd</u>		Mother's Birthplace <u>Frostburg</u>			
Name of person giving Information <u>James M. Neal</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

Primary	<u>Bronchitis</u>	How long	<u>2 days</u>
Immediate	<u>Membranous Croup</u>	How long	<u>12 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>James O. Bullock</u>	
		Address <u>Somerset Maryland</u>	
Accident or Suicide? <u>no -</u>			

PHYSICIAN
OR CORONER



Name

in
Full

CERTIFICATE OF DEATH

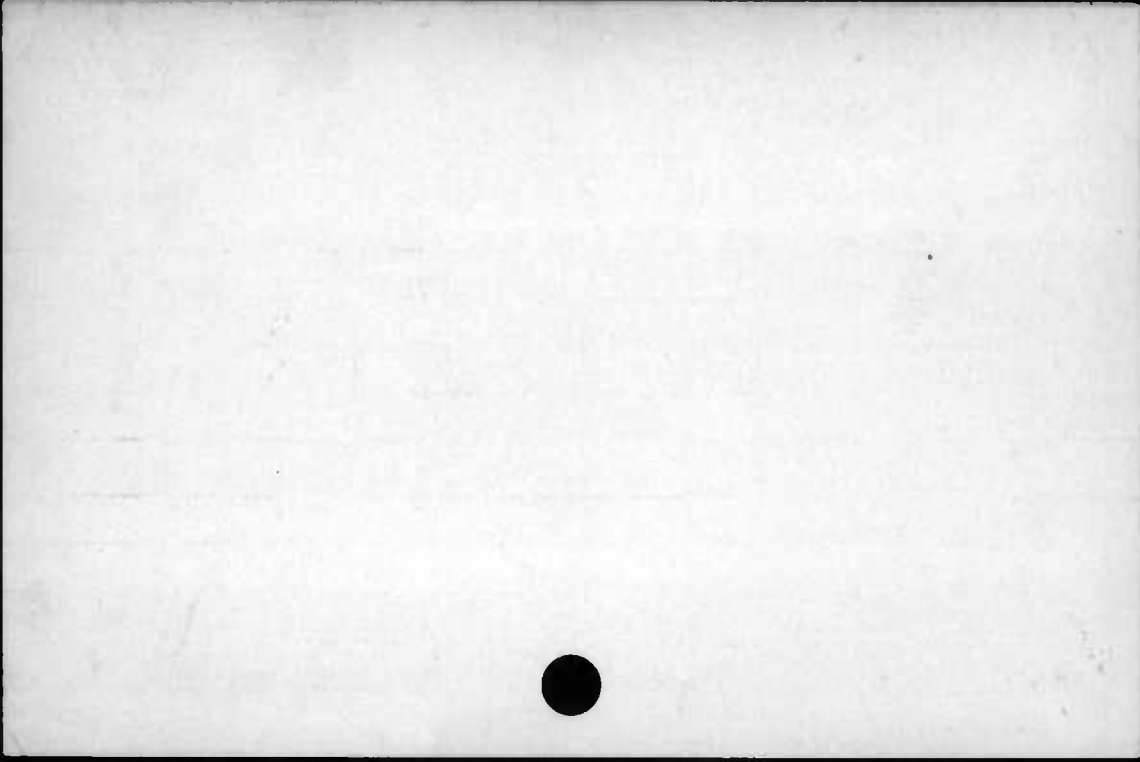
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Feb.	9.	—	—	9	12
Sex	Male			Color or Race	White		
Birth-place	So. Cumberland Md.						
Occupation	_____			Where Residing if not at place of death _____			
Married, Single or Widowed	_____			Name of Wife or Husband _____			
Father's Name	Joseph Mellott				Father's Birthplace	Pa.	
Mother's Maiden Name	Sara A. Colay				Mother's Birthplace	W. Va.	
Name of person giving information	Mother				How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping Cough & Pneumonia		How long	2 wks
Immediate	Meningitis		How long	3 days
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	Geo. L. Broadmyer
			Address	Cumberland
				28 W. M.
Accident or Suicide?	No			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Wm. Meyers.

Town Amberland County Allegheny MARYLAND

Died at Amberland Allegheny

Date of death 1906 Feb. 14 Age 45 Months — Days —

Sex Male Color or Race White Birth-place Germany

Occupation Laborer Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name — Father's Birthplace —

Mother's Maiden Name — Mother's Birthplace —

Name of person giving Information — How related to deceased —

(178)

CAUSES OF DEATH

Primary

Dropped Dead

How long

How long

Immediate

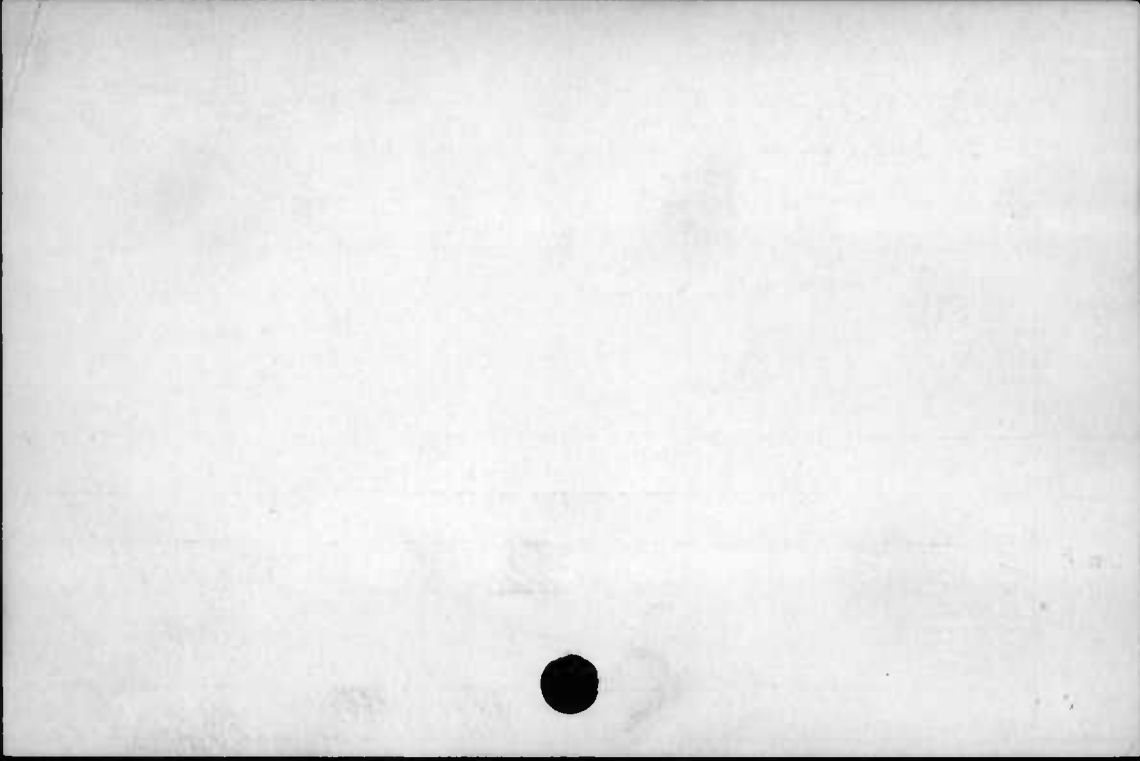
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J B Humbert
Acting Coroner

Accident or Suicide?



Name
in
Full

Bernard Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1906	Month	Feb.	Day	6	Age	Years 2
Sex		Male		Color or Race		White	
Occupation				Birth-place		Cumberland	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Perry Miller		Father's Birthplace		Bed. Co.	
Mother's Maiden Name		Anfina Whitcare		Mother's Birthplace			
Name of person giving information		H. G. Burns		How related to deceased		Bro. in Law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping Cough	How long	(8)
Immediate	Spasms	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Dr. F. L. Bardoll	
Address		130 Cumberland St. Md.	
Accident or Suicide?			

Miller's Alley.

Name
in
Full

infant (Miller)

CERTIFICATE OF DEATH

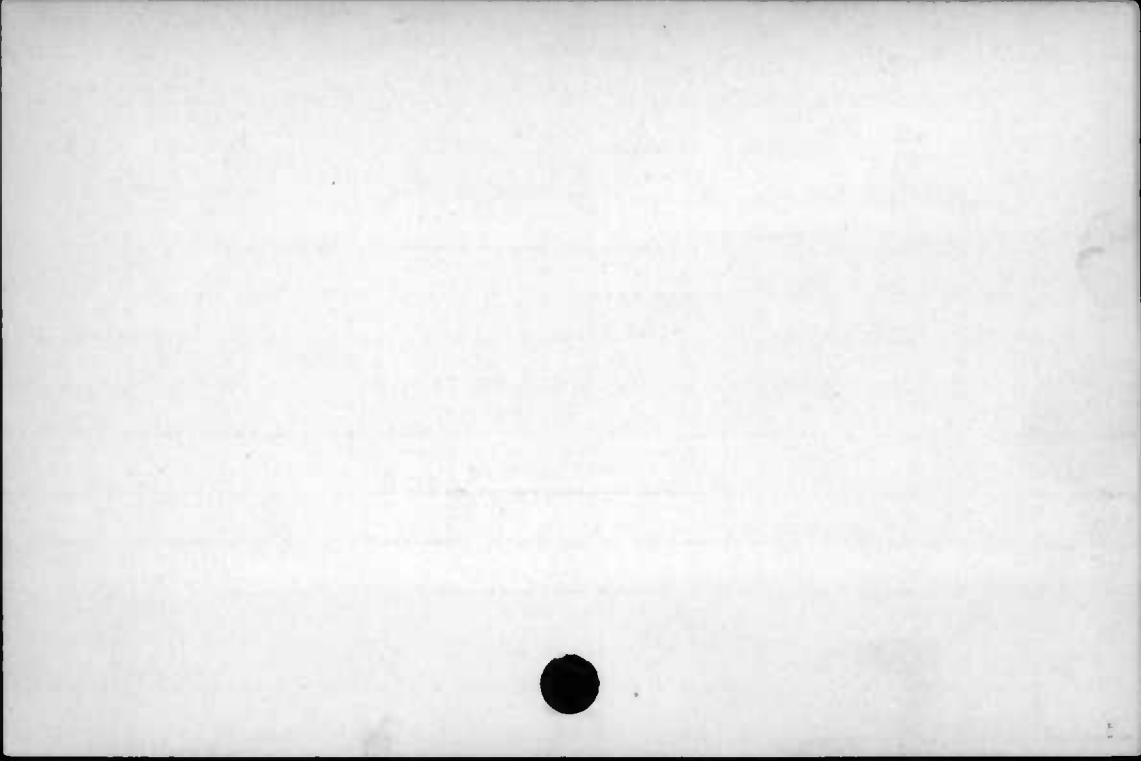
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		July	20				
Sex	Male		Color or Race	White		Birth-place	Countd
Occupation	-			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
-			-				
Father's Name	S. H. Miller					Father's Birthplace	md
Mother's Maiden Name	Minnie Linn					Mother's Birthplace	Pa
Name of person giving information	S H Miller					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	
Yes	
Signature of Physician	
Address	
a Lev Franklin	
Countd Md.	
M.D.	
Accident or Suicide?	



Name
in
Full

Charles H. Mills.

CERTIFICATE OF DEATH

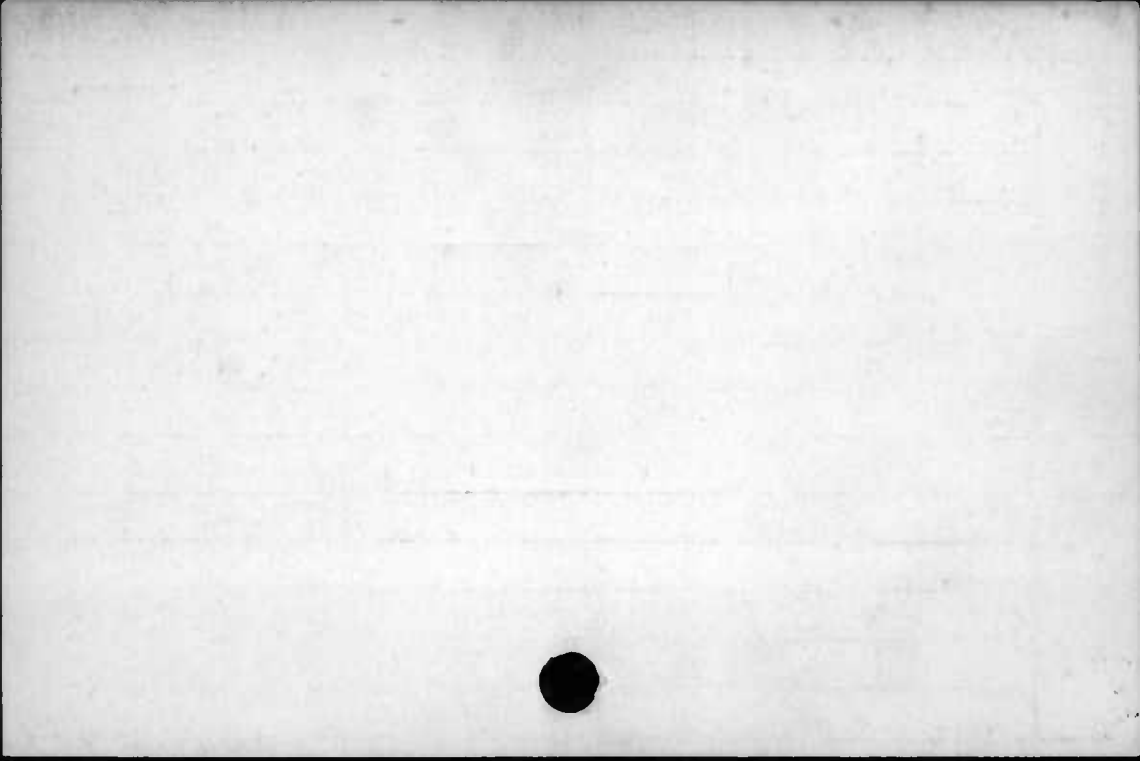
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cmld		County Allegheny		MARYLAND	
Date of death	1906	Month Feb.	Day 19	Age	Years 3	Months 5	Days 18
Sex	Male		Color or Race	Colored		Birth- place	Cmld.
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Henry Mills				Father's Birthplace	Cmld.
Mother's Maiden Name		Jessie Clark.				Mother's Birthplace	
Name of person giving In formation		Chas. A. Mitchell				How related to deceased	adp. Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	(93)	How long	5 days
Immediate	Hemorrhage from lung			
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		J. H. Thompson		
Address		M. Thompson		
Accident or Suicide?				



Name
in
Full

Mary Mindrogo -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>London</u> Town		County <u>Allegheny</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>2</u>	Day <u>17</u>	Age <u>63</u> -	Years	Months
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Little Orleans</u>		
Occupation			Where Residing if not at place of death		
Married, <u>Single</u> or <u>Widowed</u>			Name of Wife or Husband <u>Fred and Mary Mindrogo</u>		
Father's Name <u>Fred and Mary Mindrogo</u>			Father's Birthplace <u>Hanover, Ger</u>		
Mother's Maiden Name <u>Mary Mindrogo</u>			Mother's Birthplace <u>L. Orleans</u>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

1
PHYSICIAN
OR CORONER

Primary <u>Paralysis</u>	How long <u>10 days</u>
Immediate <u>Exhaustion</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>F. C. Burdette</u>
	Address <u>Cumberland Md.</u>
Accident or Suicide?	

Bar K doer

Butler

Name
in
Full

Sevris Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Moscow</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death	1906	Month	<i>Feb.</i>	Day	6
Age		Years		Months	
Sex		Color or Race		Birth-place	
<i>Male</i>		<i>White</i>		<i>Moscow</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
<i>Single</i>			<i>-</i>		
Father's Name			Father's Birthplace		
<i>Joseph Myers</i>			<i>Moscow</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Ellen Rifler</i>			<i>Keyser, W. Va.</i>		
Name of person giving information			How related to deceased		
<i>Joseph Myers</i>			<i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

1

Primary	<i>Whooping Cough</i>	How long	<i>2 weeks</i>
Immediate	<i>Broncho Pneumonia</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>James O. Burrell</i>	
		Address	
		<i>Lincolnton Maryland</i>	
Accident or Suicide?			
<i>No -</i>			



TO BE ANSWERED BY
NEAREST FRIEND

Thomas Cash.

CERTIFICATE OF DEATH

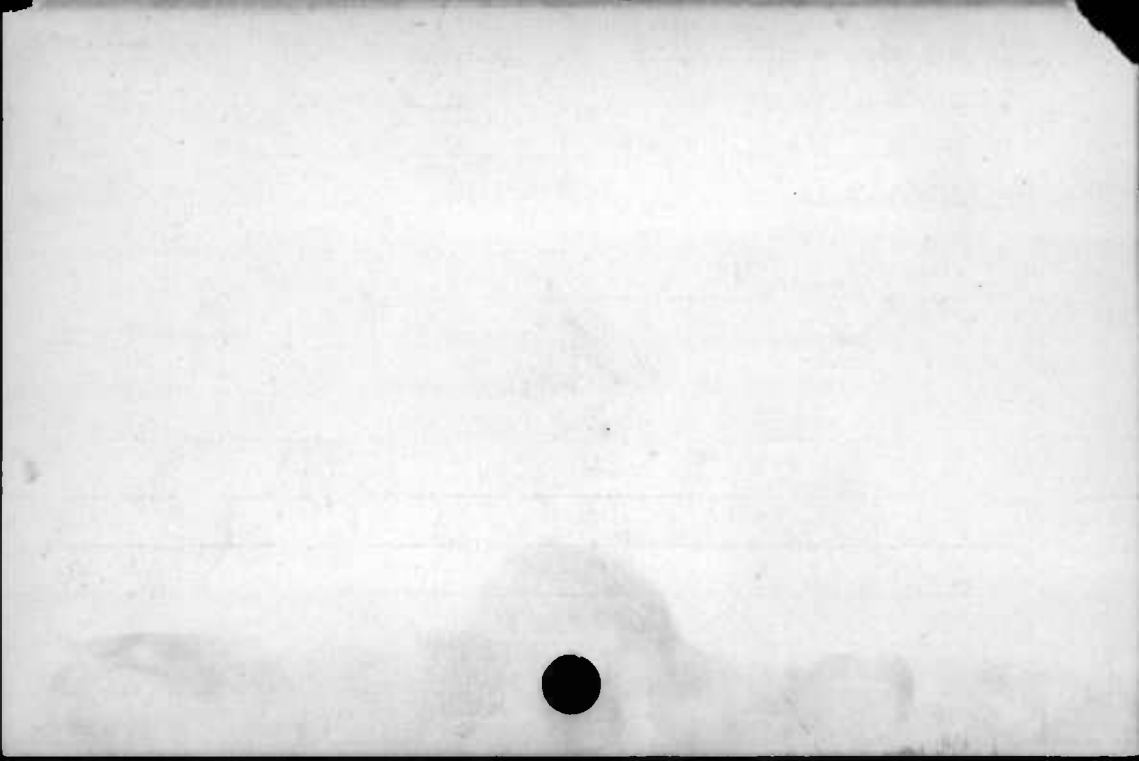
MARYLAND

Died at <u>Lonaconing</u> Town		<u>Allegheny</u> County			
Date of death	<u>1906</u>	Month <u>Feb</u>	Day <u>22</u>	Age <u>74</u>	Months <u>5</u> Days <u>27</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>England</u>		
Occupation <u>Merchant</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Mrs. Nancy William Nash</u>			
Father's Name <u>Joseph Frank</u>		Father's Birthplace <u>England</u>			
Mother's Maiden Name <u>Nancy Eaves</u>		Mother's Birthplace <u>"</u>			
Name of person giving information <u>Mrs. Sam'l Nash</u>		How related to deceased <u>Daughter-in-law</u>			

CAUSES OF DEATH

PHYSICIAN
OF CORONER

Primary	<div style="border: 2px solid black; border-radius: 50%; width: 60px; height: 60px; line-height: 60px; margin: 0 auto;">179</div>	How long
Immediate <u>Heart failure</u>		How long <u>Died suddenly</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Henry M. Hodgson</u>
		Address <u>Lonaconing Ind.</u>
Accident or Suicide? <u>No</u>		



Name

in
Full

CERTIFICATE OF DEATH

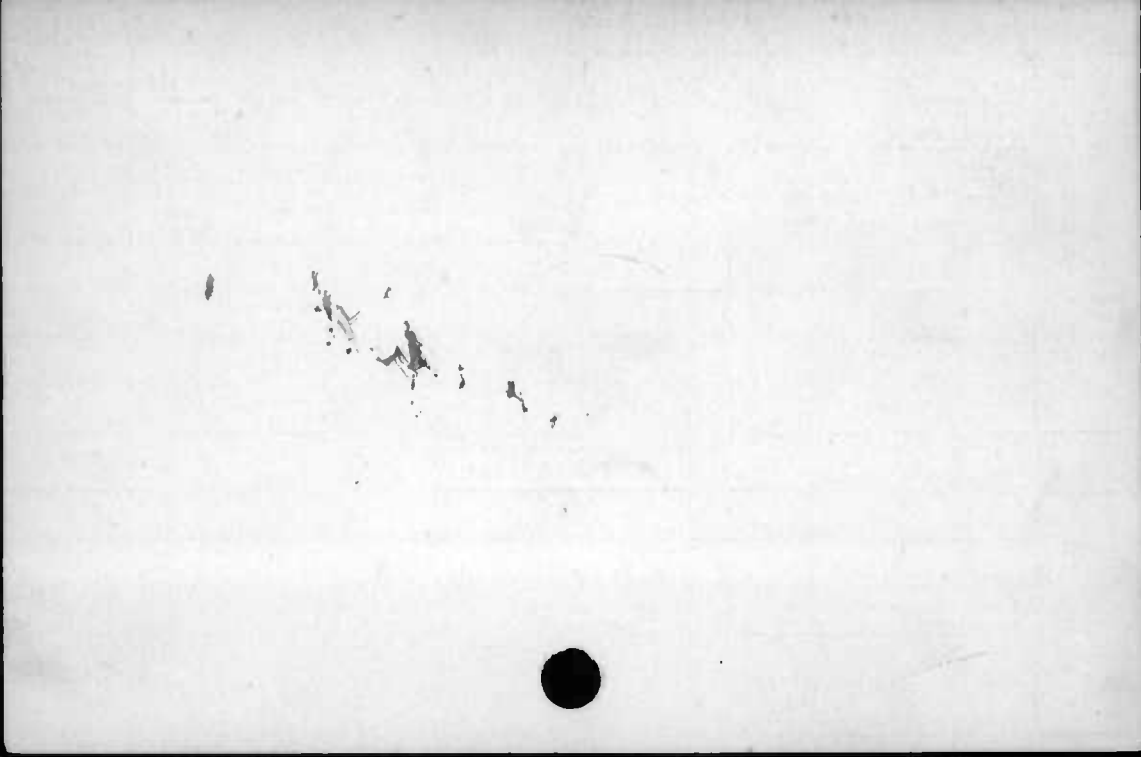
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Feb	24		-	-	-
Sex	Female		Color or Race	White		Birth-place	Cammd
Occupation	-			Where Residing if not at place of death		-	
Married, Single or Widowed			Name of Wife or Husband				
-			-				
Father's Name	William H. Ogilby					Father's Birthplace	Cammd
Mother's Maiden Name	Florence E. Christine					Mother's Birthplace	Cammd
Name of person giving information	Hon H Ogilby					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Stillborn	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Dr. A. Hawkins	
Address		H. Cumberland Me	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town		County		
Date of death		Month	Day	Years	Months	Days
1906		Feb	5	Age 69	12	14
Sex		Color or Race		Birth-place		
Male		White		England		
Occupation		Where Residing if not at place of death				
Insurance Agent						
Married, Single or Widowed		Name of Wife or Husband				
Married		Elizabeth Spears				
Father's Name		Mother's Birthplace		Father's Birthplace		
Moses Adams Phillips		England		England		
Mother's Maiden Name		Mother's Birthplace		How related to deceased		
Elizabeth Jenkins		England		Son		
Name of person giving information						
George S. Phillips						

CAUSES OF DEATH

Primary	Lobar Pneumonia	How long	93 days
Immediate		How long	

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Accident or Suicide?

22

Name
in
Full

Eliga Rawlings

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Eckhart District</i> ^{Town} <i>Alleghany</i> ^{County}			
Date of death <i>Feb 21</i> ^{Month} <i>1906</i> ^{Day} <i>Tuesday</i> ^{Years} <i>46</i> ^{Months} <i>Lower</i> ^{Days} <i>8</i>	Sex <i>Male</i> Color or Race <i>White</i> Birth-place <i>Mineral Co W Va</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Arnold Farm</i>	
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Hester A. Rawlings</i>		
Father's Name <i>Peter Rawlings</i>	Father's Birthplace <i>Mineral Co W Va</i>		
Mother's Maiden Name <i>Lurana Welch</i>	Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Robt Rawling</i>	How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cystitis</i>	How long <i>One year</i>
Immediate <i>Sensibility</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo C Holsworth</i>
	Address <i>Eckhart Md</i>
Accident or Suicide?	

G M

Wale Summit -

Box 700

Name
in
Full

Arthur L Rhoades

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death	1906	Month	July	Day	07
Age	8	Years	8	Months	7
Sex	Male	Color or Race	Colored	Birthplace	<i>Cumberland</i>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>Edmund Rhoades</i>			Father's Birthplace	<i>Cumberland</i>
Mother's Maiden Name	<i>Mary Davis</i>			Mother's Birthplace	<i>County A</i>
Name of person giving information	<i>Edmund Rhoades</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

Primary

Typhoid Fever

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

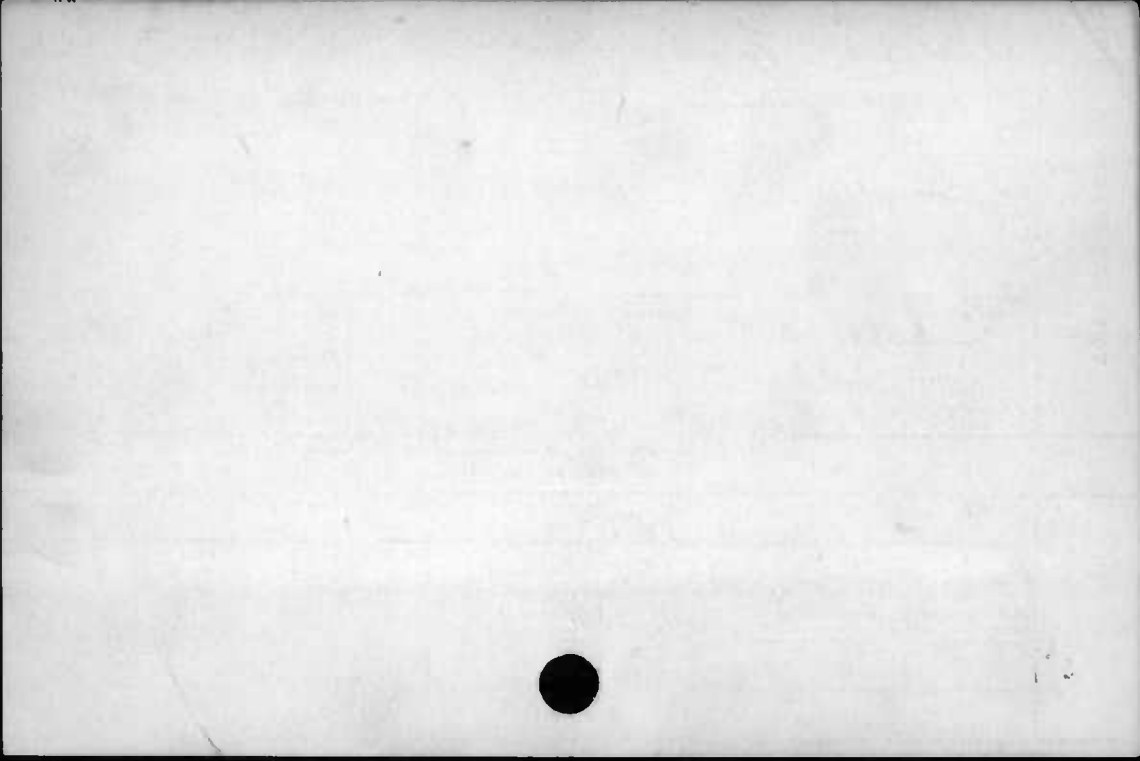
Dr. J. H. Tompkins

Address

M. Cumberland
Ma.

Accident or Suicide?

PHYSICIAN
OR CORONER
1



Name
in
Full

Thomas Richardson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Feb	19	47		6	6
Sex	male		Color or Race	white		Birth-place	England
Occupation	miner		Where Residing if not at place of death				
Married, Single or Widowed	married		Name of Wife or Husband Mrs. Thos. Richardson				
Father's Name	John Richardson					Father's Birthplace	England
Mother's Maiden Name	Mary Robinson					Mother's Birthplace	
Name of person giving information	Mrs. Thos. Richardson					How related to deceased	Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Fracture of spine	How long	6 months
Immediate	Paralysis, pneumonia	How long	5 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Henry M. Hodge	
Address		Lonaconing, Ind.	
Accident or Suicide?		Accident	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Albert Riehl

Town

Cumberland

County

Allegheny

MARYLAND

Date

of death

1906

Month

Feb.

Day

26

Age

Years

12

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Cumberland

Occupation

Student

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Jacob Riehl

Father's
Birthplace

Germany

Mother's
Maiden Name

Dead

Mother's
Birthplace

"

Name of person giving
information

Jacob Riehl

How related
to deceased

Father

CAUSES OF DEATH

Primary

Hydropneumothorax

23

How long

4 Days

Immediate

Convulsion Convulsion

How long

1 "

Are the name, age, sex, color, date
and place correctly given above?

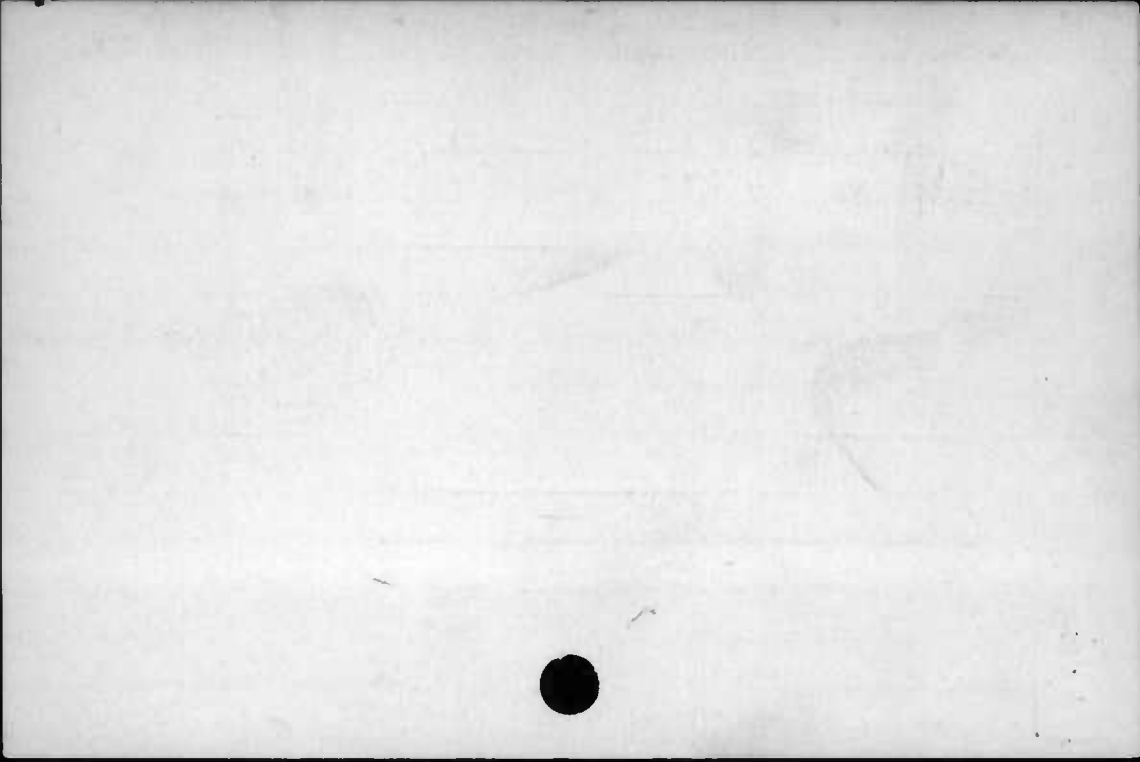
Yes

Signature of
Physician

Address

J. J. Wilson M.D.
for phone.

Accident or Suicide?



Name
in
Full

Karl E. Schmidt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Countd* Town

County

aug

MARYLAND

Date
of death *1906*

Month

July

Day

17

Age

Years

20

Months

6

Days

21

Sex

*Female*Color or
Race*White*Birth-
place*Countd*

Occupation

*Student*Where Residing if not
at place of death*-*Married, Single
or Widowed*Single*Name of Wife or
Husband*-*Father's
Name*John J. Schmidt*Father's
Birthplace*Countd*Mother's
Maiden Name*Joanias Schwade*Mother's
Birthplace*"*Name of person giving
in formation*John J. Schmidt*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Tuberculosis of Hip Joint

How long

Immediate

Exhaustion

How long

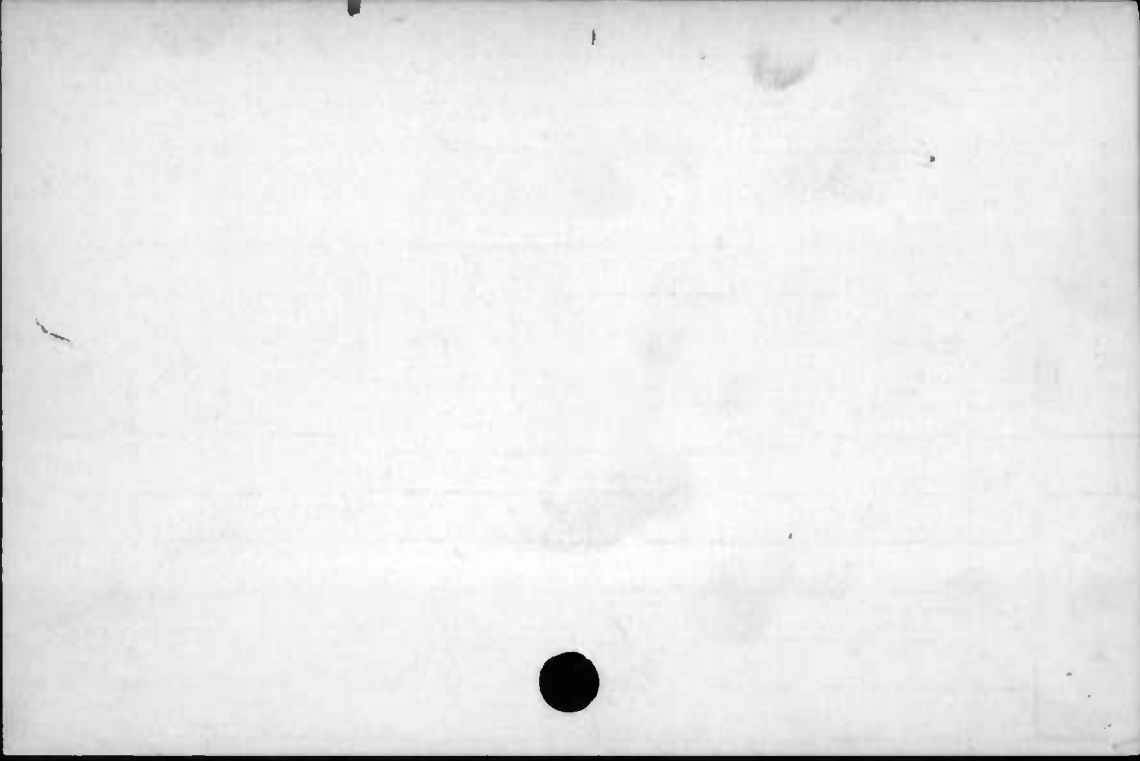
Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Dr. W. W. Wiley*

Address

*Do. Cumberland**Stein**Md*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Amos V. Shuckhart*
Died at *Eckhart* ^{Town} *Mine* ^{County} *Allegheny*Date of death *1906* Month *2* Day *25* Age Years *35* Months *—* Days *—*Sex *M.*Color or
Race *W.*Birth-
place *md*Occupation *H. W.*Where Residing if not
at place of deathMarried, Single
or ~~Widowed~~Name of ~~Wife~~ or
Husband *Joseph Shuckhart*Father's
Name *Newton Dawson*Father's
Birthplace *md.*Mother's
Maiden Name *Caroline Beply*Mother's
Birthplace *md.*Name of person giving
In formation *Joseph Shuckhart*How related
to deceased *Husband*

CAUSES OF DEATH

Primary *Puerperal Septicemia*How long *11 Days*Immediate *Septic Pneumonia*How long *8 Days*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician *D. H. M. Lane*Address *Frostburg Md*

Accident or Suicide?

Isom

Porter's Green yard
near
Eckelville

Name
in
Full

(Signature handwritten) Still



CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtland</i>		Town <i>Cumtland</i>		County		MARYLAND	
Date of death <i>1906</i>		Month <i>Feb</i>		Day <i>25</i>		Age <i>Years</i>	
Sex <i>Male + Female</i>		Color or Race <i>white</i>		Birth-place <i>Md.</i>		Months <i>1 hr.</i>	
Occupation <i>_____</i>				Where Residing if not at place of death <i>_____</i>			
Married, Single or Widowed <i>_____</i>				Name of Wife or Husband <i>_____</i>			
Father's Name <i>Eugene A. Still</i>				Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Carrie S. Still</i>				Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>Father</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>From Birth at lbs 6 & 7" Hg. 1/2 in.</i>	How long <i>1 in.</i>
Immediate <i>Exhaustion</i>	How long <i>1 hr.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. L. Broadus</i>
	Address <i>Cumtland</i>
Accident or Suicide? <i>No.</i>	<i>98 Va an.</i>



Name
in
Full

Stull

(2)

CERTIFICATE OF DEATH

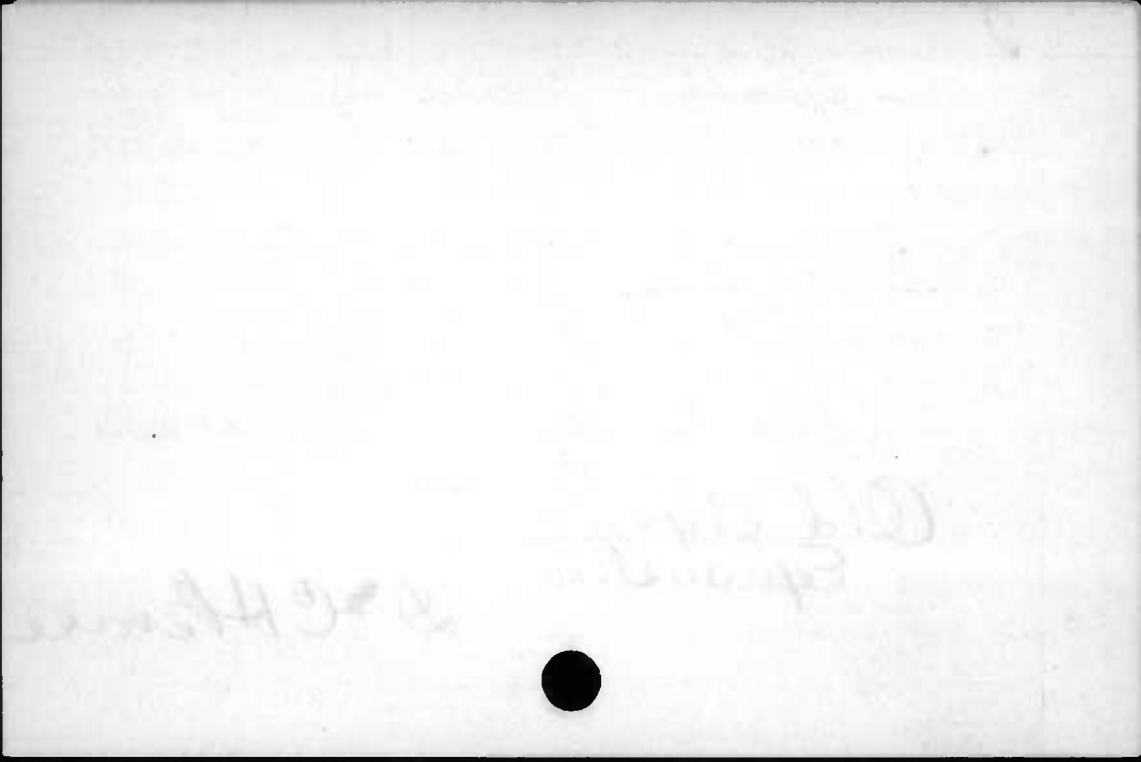
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Allegany		MARYLAND	
Date of death	1906	Month Feb	Day 25	Age	Years —	Months —	Days 1 hr
Sex	Female		Color or Race	white		Birth-place	Ind.
Occupation	_____			Where Residing if not at place of death _____			
Married, Single or Widowed	—		Name of Wife or Husband —				
Father's Name	Eugene A Stull					Father's Birthplace	Ind
Mother's Maiden Name	Carrie S Shiver					Mother's Birthplace	Ind
Name of person giving information	E. A. Stull					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Premature birth	How long	1 day
Immediate	Exhaustion	How long	1 hr
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Dr. S. L. Broadway		
	Address Cumberland Ind.		
Accident or Suicide?			



Name
in
Full

Isabelle Suliran

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Cammd.</i>		Town		County <i>Allegany</i>		MARYLAND	
Date of death	1906	Month	Feb	Day	24	Age	72
Sex	Female		Color or Race	White		Birth-place	Md.
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Widow			Name of Wife or Husband			
Father's Name	-			Father's Birthplace			
Mother's Maiden Name	-			Mother's Birthplace			
Name of person giving information	John Frindley			How related to deceased			
				Son			

CAUSES OF DEATH

PHYSICIAN
OF CORONER

Primary

Old Age

How long

154

Immediate

Exhaustion

How long

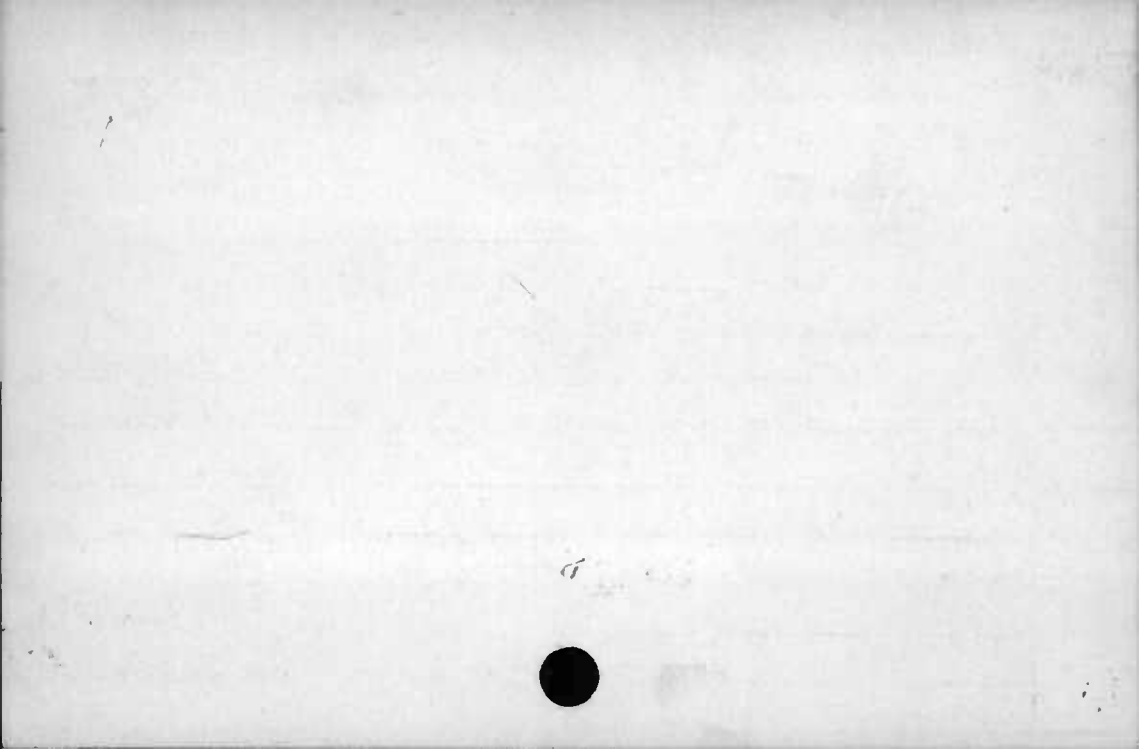
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

D. C. H. Brace

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

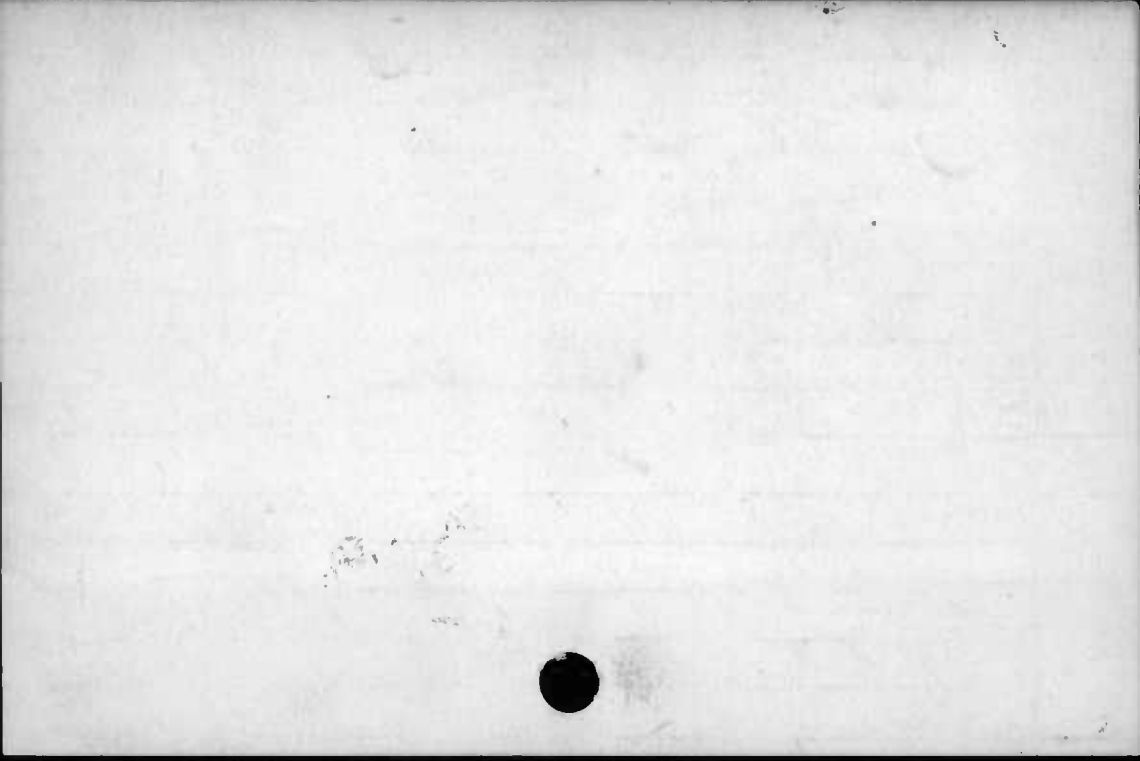
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Camden</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	1906	Month <i>July</i>	Day <i>22</i>	Age <i>1</i>	Years <i>10</i>	Months <i>10</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Camden</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>C. L. Thomas</i>				Father's Birthplace <i>N. Va.</i>			
Mother's Maiden Name <i>Octavia Bonner</i>				Mother's Birthplace <i>N. Va.</i>			
Name of person giving information <i>C. L. Thomas</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Convulsions</i>	How long	<i>93</i>
Immediate	<i>Pneumonia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>Dr. H. S. Wadley</i>	
Address		<i>Camden, Steyer, Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Charles P. Ward

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Fruitburg		County Allegany		MARYLAND	
Date of death		Month Feb	Day 21	Years 33	Months		Days
Sex M		Color or Race W		Birth-place Fruitburg			
Occupation None				Where Residing if not at place of death —			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Pinkney P. Ward		Father's Birthplace South Carolina					
Mother's Maiden Name Rebecca J. Gulligher		Mother's Birthplace Pa					
Name of person giving information J. Whittington		How related to deceased Brother-in-law		114			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cataplexy, jaundice	How long about 1 year
Immediate	Exhaustion	How long —
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yes		Address Fruitburg, Md
No		
Accident or Suicide?		

H. Cooley

Name
in
Full

Harry R Whalley

CERTIFICATE OF DEATH

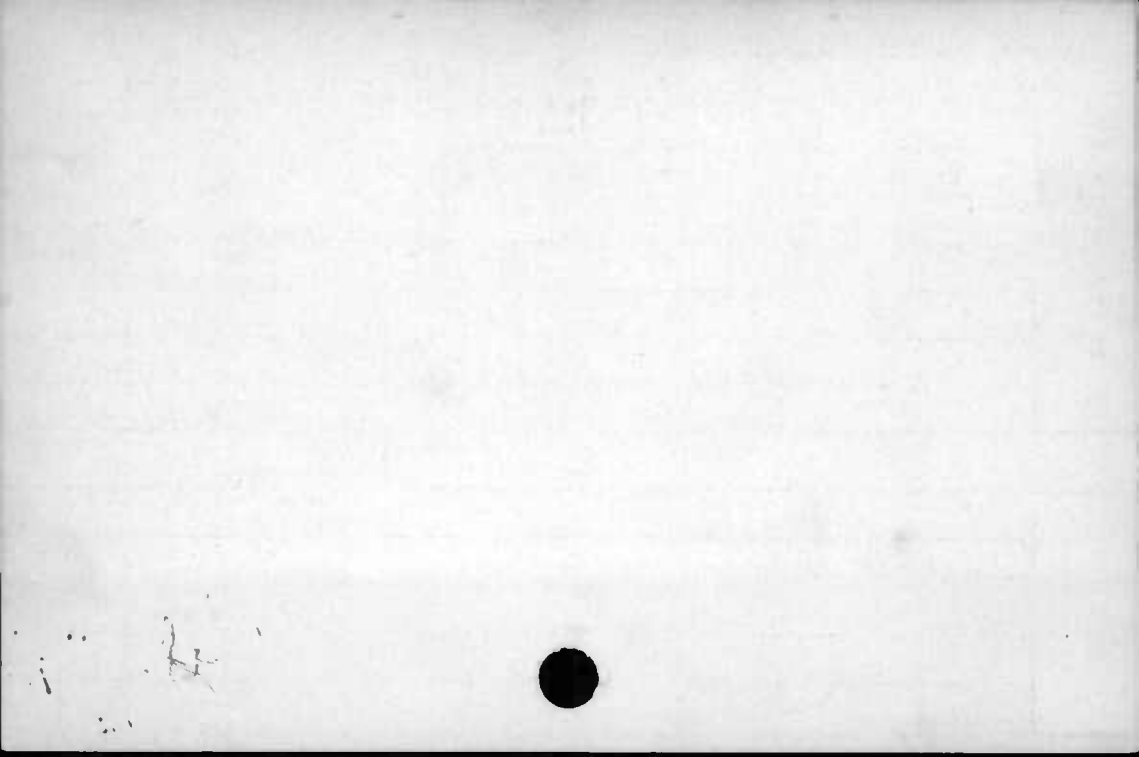
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumttd</i>		Town		County <i>acungay</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Feb</i>	Day <i>17</i>	Age <i>5</i>	Years	Months <i>2</i>	Days <i>2</i>	
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Cumttd</i>				
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>						
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>						
Father's Name <i>Harry V. Whalley</i>	Father's Birthplace <i>Cumttd</i>						
Mother's Maiden Name <i>Lillie M. Kitzmiller</i>	Mother's Birthplace <i>Cumttd</i>						
Name of person giving information <i>Harry V. Whalley</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>8-days</i>
Immediate <i>Perforation</i>	How long <i>3 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Dr. F. A. Barkdole</i>
	Address <i>Cumberland Tenn</i>
Accident or Suicide?	<i>ma</i>



Name in Full		Missouri E. Willison				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Frostburg		County Allegany		MARYLAND
	Date of death		1906	Month 2	Day 18	Age 29	Months 7
	Sex		F.		Color or Race W.		Birthplace Md
	Occupation		H. H.		Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		Andreas J. Willison			Father's Birthplace Md	
Mother's Maiden Name		Missouri E. Hartwell			Mother's Birthplace Md		
Name of person giving information		George Willison			How related to deceased Bro.		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Cretinism Toxic Regurgitation			How long	
	Immediate		Sudden			How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Dr. W. M. Lane				
			Address Frostburg				
Accident or Suicide?							

Ally, Cemetery
We Lay 9 May 18

Name
in
Full

John H. Young.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Crossland</u> <small>Town</small>		<u>Allegheny</u> <small>County</small>			
Date of death	<u>1906</u> <small>Year</small>	<u>2</u> <small>Month</small>	<u>9</u> <small>Day</small>	<u>91</u> <small>Years</small>	<u>—</u> <small>Months</small>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birthplace	<u>Reisterstown.</u>
Occupation	<u>Retired Citizen</u>		Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		<u>E. Lecker.</u> <u>Young.</u>		
Father's Name	<u>John A. Young</u>			Father's Birthplace	<u>Germany</u>
Mother's Maiden Name	<u>Rebecca Abrams.</u>			Mother's Birthplace	<u>Baltimore Md</u>
Name of person giving information	<u>Mary. Hebron.</u>			How related to deceased	<u>Sister</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

(1)

Primary	<u>Disease Throat</u>	How long	<u>one year</u>
Immediate	<u>Edema of larynx</u>	How long	<u>5 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>H. W. Miller</u>	
Address		<u>Crossland Md</u>	
Accident or			

